2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001376

Entity Name: CARE AFTER LIGHTHOUSE MINISTRY, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cullent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

3185 WREN LANE 3641 JADE LANE MULBERRY, FL 33860 MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

PO BOX 6932 LAKELAND, FL 33807

FEI Number: 75-2999576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAFONTAINE, EVELYN E LAFONTAINE, EVELYN E 3641 JADE LANE 3185 WREN LANE

MULBERRY, FL 33860 MULBERRY, FL 33860 US US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/26/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES PRES (X) Change () Addition () Delete LAFONTAINE, PAUL D MR LAFONTAINE, EVELYN E MS Name: Name: 3185 WREN LANE Address: 3641 JADE LANE Address: City-St-Zip: LAKELAND, FL 33860 US City-St-Zip: MULBERRY, FL 33860 US

Title: SECR () Delete Title: SECR (X) Change () Addition

STANLEY, CLAYTON MR Name: STANLEY, CLAYTON MR Name: Address: 608 VERMONT AVE. Address: 610 GOODALL

City-St-Zip: DAYTONA BEACH, FL 32118 US City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TREA () Delete Title: () Change () Addition

STANLEY, EVELYN E MRS Name: Name: 4951 PLEASANT HOLLOW TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33811 US City-St-Zip:

() Delete Title: Title: (X) Change () Addition

LAFONTAINE, EVELYN E MRS DEDMON, DANNY L MR Name: Name: 3185 WREN LANE 3641 JADE LANE Address: Address:

City-St-Zip: MULBERRY, FL 33860 US City-St-Zip: MULBERRY, FL 33860 US

Title: BM (X) Delete Title: () Change () Addition

GALVIN, PAT MR Name: Name: 4320 UPPER MEADOW RD. Address: Address: City-St-Zip: MULBERRY, FL 33860 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

GALVIN, CHRISSY MRS Name: Name: Address: 4320 UPPER MEADOW RD. Address: MULBERRY, FL 33860 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN LAFONTAINE **PRES** 04/26/2007

Electronic Signature of Signing Officer or Director

Date