

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005363

FILED
Apr 29, 2005
Secretary of State

Entity Name: LIFE MESSENGERS, INC.

Current Principal Place of Business:

10927 REGENCY DRIVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

10927 REGENCY DRIVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 81-0561520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEECH, BERT
10927 REGENCY DRIVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEECH, BERT
Address: 10927 REGENCY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WEECH, CAROL
Address: 10927 REGENCY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WEZENSKY, TWILA
Address: 10927 REGENCY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: EBERHARDT, JOHN
Address: 10927 REGENCY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TWILA WEZENSKY

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date