

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008620

FILED
Apr 06, 2004
Secretary of State

Entity Name: LIFELINE MINISTRY CENTER INCORPORATED

Current Principal Place of Business:

1543 40TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1543 40TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 04-3744664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHIPPS, RHODA
1543 40TH STREET
WEST PALM BEACH, FL 33407

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: PHIPPS, RHODA
Address: 1543 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: PHIPPS, CHARLES L JR.
Address: 1543 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: HEPBURN, SHARON
Address: 1070 WEST FIRST STREET
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHIPPS, RHODA
Address: 1543 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: RHODA M. PHIPPS

P

04/06/2004

Electronic Signature of Signing Officer or Director

Date