


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90036 023 \*\*\*\*70.00

<b>DOCUMENT # N03000004461</b> 1. Entity Name <b>LIFE EDUCATION MINISTRY, INC.</b>					
Principal Place of Business <b>8420-F S.W. 93RD LANE OCALA FL 34481</b>			Mailing Address <b>8420-F S.W. 93RD LANE OCALA FL 34481</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RYAN, MABEL W 8420-F S.W. 93RD LANE OCALA FL 34481</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT RYAN, MABEL W 8420-F S.W. 93RD LANE OCALA FL 34481</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVSD ZACH, GAIL L 6518 S.W. 60TH AVENUE OCALA FL 34474</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, EDWARD J REV. 2000 N.E. 51ST PLACE OCALA FL 34479</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR RAYMOND P. BONENFANT 5370 NW 25TH LOOP OCALA, FLORIDA 34482</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>MABEL W. RYAN</b> <b>SIGNATURE: Mabel W. Ryan</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			FEBRUARY 28, 2005		352-854-8892
Date			Daytime Phone #		

40022578



1st MOORE CR2E037 (10/04)

4. FEI Number **58-2675386** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

ATTACHMENT

40022578  
# N0300000 4461

LIFE EDUCATION MINISTRY, INC.

8420-F SOUTHWEST 93RD LANE  
OCALA, FLORIDA 34481

FEBRUARY 28, 2005

TO WHOM IT MAY CONCERN:

EFFECTIVE THIS DATE RAYMOND P. BONENFANT, 5370 NW 25TH LOOP,  
OCALA, FLORIDA 34482

HAS ACCEPTED THE POSITION AS DIRECTOR OF THE ABOVE CORPORATION.

SIGNED

  
RAYMOND P. BONENFANT