2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000000043

STREET ADDRESS

CITY-ST-ZIP

ANNUAL REPORT (AR)								Anr 23 2004 8:00 am				
DOCUMENT # N0400000043 1. Entity Name								Apr 23, 2004 8:00 am Secretary of State				
ALTARED LIVES MINISTRIES, INC.								O ₄	4-23-2004 9	0243 017	****61.2	5
Principal Place of Business				Mailing Address								
5115 N SOCRUM LOOP ROAD APARTMENT 15 LAKELAND FL 33809 US			P. Ø. BOX 92834 LAKELAND FL 33804 US			1 (23 i) II I	<u>t Britt Block Both Coll</u>			 		
2. Principal Pla	ace of Busine	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				М	OORE	CR2E037	(11/03)		
City & State			City & State			4. FEI Number 5	14-214	3778	. 	pplied For at Applicable		
Zip	Zip Country			Zip Co				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								7. Name and Add	dress of New F	legistered A	gent ·	
MOOORINGK PONTE							-		·	~ ·	سخانا بود	
MCCORMICK, DONNA L 5115 N SOCRUM LOOP ROAD APARTMENT 15						Street A	.ddress (P.O. Box Number is	Not Acceptabl	e)		
LAKELAND FL 33809						City				FL	Zip Code	e
		<u> </u>				<u> </u>					<u> </u>	
	named entity ons of registe	submits this statement fo ered agent.	r the purp	ose of changing its re	gister	red office o	r register	ed agent, or both, in	i the State of Fl	orida. I am fa	amiliar with,	and accept
		7244										
SIGNATURE -	Signature, typed a	or primate name of registered agent.	and title if app	licable, (NOTE: F	Registere	ed Agent signal	ure required	when reinstating)		DATE	** ***********************************	
F	第17世界一个學術學科學的一个工程	FEE:IS \$61.25 May 1≯2004		9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Ma Ma	ike Check da Depart	Payable	· · · · · · · · · · · · · · · · · · ·
10.	A to	OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	110
mire 25% or 1	PRES MCCORMIC	注意 K DONNAT		☐ Delete	TITL						Change	Addition
INCHIEL A 1 A A	AME MCCORMICK, DONNA L TREET ADDRESS 5115 N SOCRUM LOOP ROAD #15			·								
CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADDRESS VP SMITH, BEVERLY M 6159 HIGHVIEW DR. SE				☐ Delete	TITL						Change	Addition
11	MABLETON	VIEW DR. SE				EET ADDRESS						
G111-31-211	TREA			The second secon	,	Y-ST-ZIP	- 1h	<u> </u>	<u></u>			
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	2600 HOUN	//ABLVD:#413				EÉT ADDRESS	· -	نبيا يحدني				
	METEIRIE L	.A 70001			CITY	Y-ST-ZIP						
1111.1	SECR	PALD M		Delete	TITL			-			☐ Change	Addition
NAME STREET AODRESS SMITH, GERALD M 2030 PRIYA STREET					NAM	ME REET ADDRESS						
SINEEL ADDRESS		LLE NC 27360				Y-ST-ZIP	}					
TITLE				☐ Delete	TITL	LE	_				Change	☐ Addition
NAME	i				NAN	ME					-	
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP					╋	Y-ST-ZIP	ļ					FTI A statute
TITLE NAME				☐ Delete	TITE NAM						☐ Change	Addition

STREET ADDRESS CITY-ST-ZIP

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. Donna L. McCormick SIGNATURE: 🚣

863-687-4411

FILED