

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000043

FILED
Apr 26, 2005
Secretary of State

Entity Name: ALTARED LIVES MINISTRIES, INC.

Current Principal Place of Business:

5115 N SOCRUM LOOP ROAD
APARTMENT 15
LAKELAND, FL 33809 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 92834
LAKELAND, FL 33804 US

New Mailing Address:

FEI Number: 54-2143778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, DONNA L
5115 N SOCRUM LOOP ROAD
APARTMENT 15
LAKELAND, FL 33809 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: PRES () Delete
Name: MCCORMICK, DONNA L
Address: 5115 N SOCRUM LOOP ROAD #15
City-St-Zip: LAKELAND, FL 33809 US

Title: VP () Delete
Name: SMITH, BEVERLY M
Address: 6159 HIGHVIEW DR. SE
City-St-Zip: MABLETON, GA 30126 US

Title: TREA () Delete
Name: GREEN, REDGE
Address: 2600 HOUMA BLVD #413
City-St-Zip: METEIRIE, LA 70001 US

Title: SECR () Delete
Name: SMITH, GERALD M
Address: 2030 PRIYA STREET
City-St-Zip: THOMASVILLE, NC 27360 US

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: DONNA L. MCCORMICK

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date