

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000043

FILED  
Apr 29, 2008  
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:

1079 FOUNTAIN LAKE DRIVE  
BRUNSWICK, GA 31525 US

## Current Mailing Address:

P. O. BOX 92834  
LAKELAND, FL 33804 US

## New Mailing Address:

P. O. BOX 21289  
ST. SIMONS ISLAND, GA 31522 US

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:

USA-RA LLC  
841 PRUDENTIAL DRIVE, 12TH FLOOR  
JACKSONVILLE, FL 32207 US

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: KYLE LAVENDER

04/29/2008

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: 5959 CURRY FORD RD #275  
City-St-Zip: ORLANDO, FL 32823 US

Title: TREA ( ) Delete  
Name: GREEN, REDGE  
Address: P. O. BOX 327  
City-St-Zip: UNION CITY, GA 30291 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCCORMICK, DONNA L  
Address: 1079 FOUNTAIN LAKE DRIVE  
City-St-Zip: BRUNSWICK, GA 31525 US

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 exemption stated in Chapter 119, 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

04/29/2008

Electronic Signature of Signing Officer or Director

Date