

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008404

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PASTORAL CARE PRAYER HEALING, INC.

## Current Principal Place of Business:

4 WARWICK COURT  
KITCHENER ONTARIO CANADA  
N2E 2P1, XX

## New Principal Place of Business:

4 WARWICK COURT  
KITCHENER ONTARIO CANADA, ON N2E 2P1

## Current Mailing Address:

4 WARWICK COURT  
KITCHENER ONTARIO CANADA  
N2E 2P1, XX

## New Mailing Address:

4 WARWICK COURT  
KITCHENER ONTARIO CANADA, ON N2E 2P1 XX

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIRARDIN, ERIC  
201-178 STREET APT 317  
N MIAMI BEACH, FL 33160 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: D ( ) Delete  
Name: ZIELSTRA, ARTHUR  
Address: 4 WARWICK COURT  
City-St-Zip: KITCHENER ONTARIO CANADA, N2E 2P1

Title: D ( ) Delete  
Name: FEIKEMA, JOAN  
Address: 6719 JUNEVIEW NW  
City-St-Zip: ROCKFORD, MI 49341

Title: D ( ) Delete  
Name: GIRARDIN, ERIC  
Address: 4000 NE 168TH STREET UNIT 104  
City-St-Zip: N MIAMI BEACH, FL 33160

## 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:

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: ARTHUR ZEILSTRA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date