

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011414

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: LIFE WORKS MINISTRIES, INC.

## Current Principal Place of Business:

6622 MARTHA RD  
PARRISH, FL 34219

## New Principal Place of Business:

## Current Mailing Address:

6622 MARTHA RD  
PARRISH, FL 34219

## New Mailing Address:

FEI Number: 51-0530254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUTINSKY, RON  
6622 MARTHA RD  
PARRISH, FL 34219 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: KUTINSKY, RON  
Address: 6622 MARTHA RD  
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete  
Name: FEDOR, DAVE  
Address: 6879 CLEVELAND RD  
City-St-Zip: RAVENNA, OH 44266

Title: D ( ) Delete  
Name: CROUCH, WILLIAM VAN  
Address: 1137 WHEATON OAKS DRIVE  
City-St-Zip: WHEATON, IL 60187

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: KUTINSKY, DONNA M  
Address: 6622 MARTHA RD  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 KUTINSKY

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date