2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011414

KUTINSKY, DONNA M

PARRISH, FL 34219

6622 MARTHA RD

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Nar	me: LIFE W	ORKS MINISTRIES, INC.		•	
Current P	rincipal Plac	ce of Business:	New Principal Place	New Principal Place of Business:	
6622 MAR PARRISH,					
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
6622 MAR PARRISH,					
FEI Number:	: 51-0530254	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
KUTINSKY 6622 MAR PARRISH,	THA RD FL 34219	US			
The above in the State	named entit e of Florida.	y submits this statement for t	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		onic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D KUTINSKY, F 6622 MARTH PARRISH, FL	A RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D FEDOR, DAV 6879 CLEVE RAVENNA, O	LAND RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CROUCH, W	ON OAKS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DONNA M. KUTINSKY 04/27/2007 D