


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90343 013 ****61.25

DOCUMENT # N05000003039	
1. Entity Name L.I.F.E. ENRICHMENT MINISTRIES, INC.	

Principal Place of Business 67 GOLF VIEW DR. OCALA, FL 34472	Mailing Address 67 GOLF VIEW DR. OCALA, FL 34472
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60028838



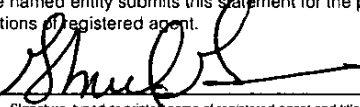
2. Principal Place of Business		3. Mailing Address P.O. Box 5174	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ocala, FL	
Zip	Country	Zip 34478	Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-2571612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARNER, GLYNIEL 67 GOLF VIEW DR OCALA, FL 34472	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Glyniel Garner, CEO 4/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GARNER, GLYNIEL 67 GOLF VIEW DR OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR John Miller 2815 NW Pine Ave. Lot 57 Ocala, FL 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, ERROLL 67 GOLF VIEW DR OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, INEZ B 71 LAUREL AVE HEMPSTEAD, NY 11550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATCHELL, BRUCE 5251 5251 PECAN RD. OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATCHELL, BETH 5251 5251 PECAN RD. OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DANIEL 2450 SW 38 AVE. OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Erroll Garner 4/22/06 352-732-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
60028838

DOCUMENT # N05000003039

L.I.F.E. ENRICHMENT MINISTRIES, INC.

TITLE: D
NAME: DONNA LEE
STREET ADDRESS: 2450 SW 38 AVE.
CITY - STATE - ZIP: OCALA, FL 34474

☒ DELETE