2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N06000005460

Entity Name: SAFE HARBOR LIFE CENTERS MINISTRIES INC.

Current Principal Place of Business:

912 AVENUE I
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

912 AVENUE I
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-4895557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, SHIRLEY
341 E. MIDWAY ROAD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

BRIDGERS, CARLTON C
6109 SUNSET BLVD
FORT PIERCE, FL 34982 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: CARLTON C BRIDGERS 01/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRIDGERS, CARLTON C
Address: 6109 SUNSET BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete
Name: SHEIL, DAVID
Address: 4475 OLD DIXIE HIGHWAY
City-St-Zip: FORT PIERCE, FL, FL 34946

Title: VP (X) Delete
Name: LANE, MICHAEL
Address: 5214 NW SOUTH LAVOY CIRCLE
City-St-Zip: FORT PIERCE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALES, JOHN S
Address: 1958 S.W. 28 TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: S/TR (X) Change ( ) Addition
Name: GARRAMORE, ROGER A
Address: 3942 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

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 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: ROGER A GARRAMORE S/TR 01/24/2007
Electronic Signature of Signing Officer or Director Date