

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005460

FILED
Jan 16, 2009
Secretary of State

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:

BRIDGERS, CARLTON C
6109 SUNSET BLVD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

BENBOW, THOMAS H
11653 HWY 441SE
OKEECHOBEE, FL 34974 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: THOMAS H. BENBOW

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date