2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 Al Secretary of State DOCUMENT # N06000010397 1. Entity Name LIFELINE MINISTRIES, INC. OF AMELIA ISLAND Principal Place of Business Mailing Address 1438 EAST OAK STREET 1438 EAST OAK STREET SUITE A SUITE A FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALEM, DEBORAH J Street Address (P.O. Box Number is Not Acceptable) 1438 EAST OAK STREET SUITE A FERNANDINA BEACH FL 32034 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE · 自身企业。 经净点数等等额的 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida:Department of State Large Market State Commission in the State of the Commission of th 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE ☐ Delete TITLE Change Addition 🔲 NAME NAME KALEM, PAUL H JR. STREET ADDRESS 2757 EASTWIND DRIVE STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 HILF Delete Addition THE ☐ Change NAME KALEM, DEBORAH J NAME STREET ADDRESS 2757 EASTWIND DRIVE STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Delate TITLE Change _ 🔲 Addition NAME NAME LOWARY, CLAUDETTE STREET ADDRESS STREET ADDRESS 85135 MINER ROAD CITY-SI-ZIP CHY-S1-7IP YULEE FL 32097 Delete IIILE 11111 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Defele HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 logal effect as if made under eath; that I am an efficier 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: 1

4/5/07

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