

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009470

FILED
Sep 20, 2010
Secretary of State

Entity Name: SULLIVAN & LACHARITE MINISTRIES, INC.

Current Principal Place of Business:

SULLIVAN & LACHARITE
97 W CYPRESS RD
GREENACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

P O BOX 32626
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 27-1028741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LACHCHARITE, MATTHEW A
Address: 97 W. CYPRESS RD.
City-St-Zip: GREENACRES, FL 33467

Title: D
Name: SULLIVAN, LISA
Address: 97 W. CYPRESS RD.
City-St-Zip: GREENACRES, FL 33467

Title: D
Name: STIGAL, CYNDI
Address: 97 W. CYPRESS RD.
City-St-Zip: GREENACRES, FL 33467

Title: D
Name: WATSON, PAN
Address: 10385 LITTLE MUSTANG WAY
City-St-Zip: LAKE WORTH, FL 33449

Title: S
Name: NICOTERA, DONNA
Address: 26 AKRON ROAD
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW A LACHARITE

P

09/20/2010

Electronic Signature of Signing Officer or Director

Date