

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009470

**FILED**  
**May 01, 2012**  
**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:**

LACHARITE, MATTHEW A PRES  
2388 EAST EDGEWATER DRIVE  
PALM BEACH GARDENS, FL 33410 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:** PRES  
**Name:** LACHCHARITE, MATTHEW A  
**Address:** 2388 EAST EDGEWATER DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** SEC  
**Name:** SULLIVAN-LACHARITE, LISA M  
**Address:** 2388 EAST EDGEWATER DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** D  
**Name:** CIOTTI, JIM V  
**Address:** 7801 163RD COURT NORTH  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

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 LACHARITE

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date