

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002272

FILED
May 01, 2012
Secretary of State

Entity Name: LIFE CENTER RESTORATION MINISTRY, INC.

Current Principal Place of Business:

8407-3 W.45TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

2807-3 W.45TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

8407-3 W.45TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

2807-3 W.45TH STREET
JACKSONVILLE, FL 32209

FEI Number: 01-0972412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANSBERRY, JOHN PASTOR
1499 SILVER BELL LANE
FLEMING ISLAND, FL 32003 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: P
Name: HANSBERRY, JOHN PASTOR
Address: 1499 SILVER BELL LANE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: P
Name: HANSBERRY, GWEN PASTOR
Address: 1499 SILVER BELL LANE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: O
Name: GILBERT, SUSIE M
Address: 1624 WEST 32ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S
Name: NEAL, DEBRA
Address: 2298 NETTLEBROOK STREET SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: O
Name: EVANS, PHYLLIS
Address: 22 HILLTOP ROAD
City-St-Zip: NEW HAVEN, CT 06515

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: JOHN HANSBERRY

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date