

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002537

FILED
Apr 23, 2005
Secretary of State

Entity Name: UNDER WATCHFUL CARE MINISTRIES, INC.

Current Principal Place of Business:

564 EAST 64TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

3009 DIGNAN ST.
JACKSONVILLE, FL 322543942

New Mailing Address:

FEI Number: 59-3489914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CYNTHIA
1105 CANAL STREET
JACKSONVILLE, FL 32209 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 () Delete
Name: HILL, WALTER L ELDER
Address: 3009 DIGNAN STREET
City-St-Zip: JACKSONVILLE, FL 322543942

Title: VD () Delete
Name: HILL, MARY
Address: 3009 DIGNAN STREET
City-St-Zip: JACKSONVILLE, FL 322543942

Title: SD () Delete
Name: BROWN, CYNTHIA
Address: 1105 CANAL STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: SANDERS, DOROTHY
Address: 2250 W 2ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA BROWN

SD

04/23/2005

Electronic Signature of Signing Officer or Director

Date