

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001544

1. Entity Name
LIFE IN CHRIST MINISTRIES, INCORPORATED



Principal Place of Business
2230 HAVERHILL ROAD
WEST PALM BEACH, FL 33417 US

Mailing Address
2230 HAVERHILL ROAD
WEST PALM BEACH, FL 33417 US



01082007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0656645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAFT, JAMES C. REV. DR.
783 RYANWOOD DR.
WEST PALM BEACH, FL 33413

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IN THIS SPACE**

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 re-registering)

DATE

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000585645
01/16/07-80021-011 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME GENSOLI, ROMY
STREET ADDRESS 127 SHERWOOD DR.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D
NAME CRAFT, JAMES REV.
STREET ADDRESS 783 RYANWOOD DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D
NAME HONEYLITO, SIMON
STREET ADDRESS 127 ROYAL PINE CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/07 (501) 616/8459