

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 047 ****70.00

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1. Entity Name
ENHANCES OF ELDERLY CARE MINISTRIES, INC.



Principal Place of Business
**99 NW 183RD STREET, SUITE #110
MIAMI, FL 33169**

Mailing Address
**99 NW 183RD STREET, SUITE #110
MIAMI, FL 33169**

44050154



2. Principal Place of Business

3. Mailing Address

99 N.W. 183rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(Suite 117B) Suite 117-B

07212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Miami, Florida

4. FEI Number

65-0900190

Applied For

Not Applicable

Zip

Country

Zip

Country

33169

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, MILDRED
1723 NW 40TH STREET
MIAMI, FL 33142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HICKS, MILDRED**
STREET ADDRESS **1723 NW 40TH STREET**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **SD** ☐ Delete
NAME **LANE, LOLA**
STREET ADDRESS **930 CAROLINA AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **FD** ☐ Delete
NAME **BLYDEN, GERSHWIN**
STREET ADDRESS **800 N.W. 203 STREET**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **VP** ☐ Delete
NAME **LANE, GARY L**
STREET ADDRESS **930 CAROLINA AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **MGRO** ☐ Delete
NAME **HICKS, MILLICENT**
STREET ADDRESS **12795 NE 10TH AVE APT 14**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Mildred Hicks (Mildred Hicks)

7/23/04

305-654-3553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #