FILED
May 06, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000865

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

Principal Place of Business	Mailing Address
99 NW 183RD STREET STE 117-B MIAMI, FL 33169	99 NW 183RD STREET STE 117-B MIAMI, FL 33169

05042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HICKS, MILDRED
STREET ADDRESS	1723 NW 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	SD
NAME	LANE, LOLA
STREET ADDRESS	930 CAROLINA AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	FD
NAME	BLYDEN, GERSHWIN
STREET ADDRESS	800 N.W. 203 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP
NAME	LANE, GARY L
STREET ADDRESS	930 CAROLINE AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	MGRO
NAME	HICKS, MILLICENT
STREET ADDRESS	12795 NE 10TH AVE APT 14
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000364175
05/06/05-80030-009 70.00

DO NOT WRITE IN THIS SPACE

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 5/4/05 305-654-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #