
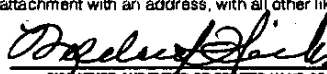


**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90001 037 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N99000000865</b>					
1. Entity Name <b>ENHANCES OF ELDERLY CARE MINISTRIES, INC.</b>					
Principal Place of Business <b>99 NW 183RD STREET STE 117-B MIAMI, FL 33169</b>			Mailing Address <b>99 NW 183RD STREET STE 117-B MIAMI, FL 33169</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0900190</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HICKS, MILDRED 1723 NW 40TH STREET MIAMI, FL 33142</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$81.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
NAME	<b>HICKS, MILDRED</b>		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>1723 NW 40TH STREET</b>		NAME		
CITY- ST- ZIP	<b>MIAMI, FL 33142</b>		STREET ADDRESS		
			CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LANE, LOLA</b>		NAME		
STREET ADDRESS	<b>930 CAROLINA AVENUE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33413</b>		CITY- ST- ZIP		
TITLE	FD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BLYDEN, GERSHWIN</b>		NAME		
STREET ADDRESS	<b>800 N.W. 203 STREET</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>MIAMI, FL 33169</b>		CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LANE, GARY L</b>		NAME		
STREET ADDRESS	<b>930 CAROLINE AVENUE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33413</b>		CITY- ST- ZIP		
TITLE	MGRO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HICKS, MILLICENT</b>		NAME		
STREET ADDRESS	<b>12795 NE 10TH AVE APT 14</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>MIAMI, FL 33161</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  <b>8/3/06 305-654-3113</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 3					