

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000865

FILED  
Aug 31, 2007  
Secretary of State

**Entity Name:** ENHANCES OF ELDERLY CARE MINISTRIES, INC.

**Current Principal Place of Business:**

99 NW 183RD STREET  
STE 117-B  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

99 NW 183RD STREET  
STE 117-B  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0900190      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HICKS, MILDRED  
1723 NW 40TH STREET  
MIAMI, FL 33142 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: PD ( ) Delete  
Name: HICKS, MILDRED  
Address: 1723 NW 40TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete  
Name: LANE, LOLA  
Address: 930 CAROLINA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: FD ( ) Delete  
Name: BLYDEN, GERSHWIN  
Address: 800 N.W. 203 STREET  
City-St-Zip: MIAMI, FL 33169

Title: MGRO ( ) Delete  
Name: HICKS, MILLICENT  
Address: 12795 NE 10TH AVE APT 14  
City-St-Zip: MIAMI, FL 33161

**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 exemption stated 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 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: MILDRED HICKS

PD

08/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date