

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90223 028 ****61.25

DOCUMENT # N99000000898



1. Entity Name

CROWN OF LIFE MINISTRIES, INC.

Principal Place of Business

**2943 PALM BEACH BLVD
FORT MYERS FL 33916**

Mailing Address

**2943 PALM BEACH BLVD
FORT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1639626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, ROBERT SR.
3725 6TH STREET, WEST
LEHIGH ACRES FL 33971**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 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 ☐ Delete
NAME **D WILLIAMS, BARBARA O**
STREET ADDRESS **3725 6TH STREET, WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Delete
NAME **D WILLIAMS, CYNTHIA**
STREET ADDRESS **3117 WILLIAMS STREET**
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE ☒ Delete
NAME **S WILLIAMS, BURLEASE**
STREET ADDRESS **262 EUGINA AVE**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE ☒ Delete
NAME **A THOMAS, SANDRA**
STREET ADDRESS **2649 MARKET ST**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE ☐ Delete
NAME **PD WILLIAMS, ROBERT**
STREET ADDRESS **3725 6TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Delete
NAME **AA JACKSON, GWEN**
STREET ADDRESS **503 FIQUERA AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **C SPIKE JONES**
STREET ADDRESS **3279 C. STREET APT C**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME **D THIJANA WALKER**
STREET ADDRESS **628 S.E. 11TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☒ Addition
NAME **S CANEESHE ASH**
STREET ADDRESS **503 FIQUERA AVE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Change ☒ Addition
NAME **D JOHNNY C. ASH**
STREET ADDRESS **503 FIQUERA AVE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☒ Change ☐ Addition
NAME **UP BARBARA O WILLIAMS**
STREET ADDRESS **3725 6TH ST WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☒ Change ☐ Addition
NAME **A GWEN JACKSON**
STREET ADDRESS **503 FIQUERA AVE**
CITY-ST-ZIP **FT MYERS FL 33905**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Williams Sr. *Robert Williams Sr 04/25/04 (209) 2093232*