

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000898

FILED  
Aug 31, 2005  
Secretary of State

**Entity Name:** CROWN OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

2943 PALM BEACH BLVD  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2943 PALM BEACH BLVD  
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 31-1639626      **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:**

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

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

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: D      ( ) Delete  
Name: WILLIAMS, BARBARA O  
Address: 3725 6TH STREET, WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D      ( ) Delete  
Name: WILLIAMS, CYNTHIA  
Address: 3117 WILLIAMS STREET  
City-St-Zip: FT. MYERS, FL 33916

Title: C      ( ) Delete  
Name: JONES, SPIKE  
Address: 3279 C. STREET APT. C  
City-St-Zip: FORT MYERS, FL 33916

Title: D      ( ) Delete  
Name: WALKER, THIJUANA  
Address: 628 S.E. 11TH AVE.  
City-St-Zip: CAPE CORAL, FL 33990

Title: PD      ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 3725 6TH STREET WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: AA      ( ) Delete  
Name: JACKSON, GWEN  
Address: 503 FIQUERA AVE  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: DANIELLE YOUNG,  
Address: 3125 DORE ST  
City-St-Zip: FORT MYERS, FL 33916

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 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 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: ROBERT WILLIAMS SR.

PD

08/31/2005

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

\_\_\_\_\_  
Date