

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000898

FILED
May 01, 2006
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:

3428 DORA STREET
FORT MYERS, FL 33916

Current Mailing Address:

2943 PALM BEACH BLVD
FORT MYERS, FL 33916

New Mailing Address:

PO BOX 51822
FORT MYERS, FL 33994

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:

WILLIAMS, ROBERT SR.
3725 6TH STREET, WEST
LEHIGH ACRES, FL 33971 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: 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: D () Delete
Name: DANIELLE YOUNG,
Address: 3125 DORE ST
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: PAST (X) Change () Addition
Name: WILLIAMS, BARBARA O
Address: 3725 6TH STREET, WEST
City-St-Zip: LEHIGH ACRES, FL 33971

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:

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 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: ROBERT WILLIAMSSR.

PAST

05/01/2006

Electronic Signature of Signing Officer or Director

Date