FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763926

THE LIFELINE EVANGELISTIC CHURCH, INC.

Principal Place of Business
135 JACKSON AVE SOUTH

Mailing Address

135 JACKSON AVE SOUTH JACKSONVILLE FL 32210 176 JAMES STREET P. O. BOX 362 CALLAHAN FL 32011



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US .		Callahan FL 32011			T 10091)) 10010 OVIDA HIVID TOTIO VIBID DVID BIDDI				
2. Principal Pl	lace of Business	2a. Mailing Address		_	Date Incorporated or Qualifed				
21		26 P.O. BOX	24		06/25/1982				
Suite, Apt.	# etc	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For				
22	m, 0.0.	27			59-2272104 Not Applicab				
City & State	Α	City & State		. .	\$8,75 Additional				
23		28 TACKSONVILLE	Flo	orida.					
Zip	Country	Zip	Countr		6. Election Campaign Financing . \$5.00 May Be				
24	25	29 32219 3	10		Trust Fund Contribution Added to Fees				
	9. Name and Address of Currer	<u> </u>			10. Name and Address of New Registered Agent				
			81	Name					
LABLEC	N CAI		82	Ctroot A	Address (P.O. Box Number is Not Acceptable)				
LAIN, E. GLEN				Street A	Address (P.O. Box Number is Not Acceptable)				
	S STREET POB 362		83	83					
CALLAHAI	N FL 32011		_		los Tie Code				
	•		84	City	FL 85 Zip Code				
office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m famillar with, and accept the obliga	D2 and 617.1508, Florida Statutes of Florida. Such change was autations of, Section 617.0503, Florida	s, the above horized by da Statute	/e-named of / the corpo s.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: F	Registered Age	ent signature re	equired when reinstating) DATE				
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	ETD	☐ DELETE	1.1 TITLE		Change				
NAME	LAIN, E. GLEN (EVANGEL)		1.2 NAME		,				
STREET ADDRESS	176 JAMES ST. POB 362		1.3 STRE	ET ADDRESS	4213 DAWNRIOGE RUEAST				
CITY-ST-ZIP	CALLAHAN FL		1.4 CITY-		4213 DAWNRIOGE RD EAST JACKSONVILLE FL 32211				
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addit				
NAME	GUNTER, GORDON		2.2 NAME						
STREET ADDRESS	9909 IOWA AVENUE			ET ADDRESS					
	JACKSONVILLE FL		2.4 CITY-						
CITY-ST-ZIP	SD SD	☐ DELETE	3.1 TITLE	SI-ZIF	☐ Change ☐ Addit				
		—	3.2 NAME	l	_ · _				
NAME OTTOTAL PROPERTY	GUNTER, JUDITH D.		1	ET ADDRESS					
STREET ADDRESS	9909 IOWA AVENUE		3.4. CITY-						
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	4.1 TITLE		☐ Change ☐ Addit				
TITLE		- Deferie	4.1 IIILE	i	<u> </u>				
NAME .				ET ADDRESS					
STREET ADDRESS	·		1						
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		. Change				
TITLE			5.2 NAME	1					
NAME				ET ADORESS					
STREET ADDRESS			5.4 CITY-	- 1	, ,				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addii				
TITLE		☐ NCTE1E	6.2 NAME	- 1					
NAME	·			- 1					
STREET ADDRESS				ET ADORESS	,				
			64 CITY-	ST-7IP	.				

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TREED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTOR

4-20-99 904-727-5545

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Daytime Phone #