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

DOCUMENT # 763926

1. Entity Name

THE LIFELINE EVANGELISTIC CHURCH, INC.



FILED Apr 15, 2004 8:00 am Secretary of State 04-15-2004 90020 033 ****61.25

| | | , <u> </u> | | | | | | | |
|--|--|--|--|---|---|-----------------------|---------------|------------------------|------------|
| Principal Place of Business | | Mailing Address | | | | | | | |
| 135 JACKSON AVE SOUTH JACKSONVILLE FL 32210 US | | P.O. BOX 24 JACKSONVILLE FL 32219 US | |) ((A) ((A) ((A) ((A) ((A) ((A) ((A) ((| | | | | |
| 2. Principal Place of Business | | 3. Mailing Address PO BOX 6222 4 | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E037 (11/03) | | | | |
| City & State | | Jacksonville FL | | | 4. FEI Number 59-2272104 Applied For Not Applicable | | | | |
| Zip . | Country | 32208 | Country US | | 5. Certificate of S | tatus Desired | | 3.75 Add e Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Add | iress of New Regi | istered Ag | ent | |
| i | | المستنيق للمستن | Name | | | ماحيا ميد ريست | 4 | | i |
| 990 | NTER, GORDON C 9 IOWA AVENUE KSONVILLE FL 32219 | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| JAC | NOONVILLE FL 32219 | | City | | | | FL | Zip Code | • |
| | | | <u>,, </u> | | | | | | |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its r | egistered office or | register | ed agent, or both, in | the State of Florid | a. I am far | niliar with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signatu | re required | when reinstating) | | DATE | | |
| | FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | paign Financing ontribution. | | \$5.00 May Be Added to Fees | | Check f Departm | | | |
| 10. | OFFICERS AND DIF | | 11. | , , , , , , , , , , , , , , , , , , , | ADDITIONS/CHANG | ES TO OFFICERS | AND DIRE | CTORS IN | |
| TITLE | PTD | Delete | TITLE | PTJ | D _. | _ | |] Change | Addition |
| NAME | LAIN, E. GLEN (EVANGEL) 9909 IOWA AVE | | . NAME | Gor | don c | GUNTER | PA. | STOR | |
| STREET ADDRESS | JACKSONVILLE FL 32219 | | STREET ADDRESS | 990 | 9 IOWA | AVE. | | | İ |
| CITY-ST-ZIP | SD SD | | CITY-ST-ZIP | Ja | ckson vill | le FL | 322 | | |
| TITLE | GUNTER, STEVEN LEE | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | 9909 IOWA AVENUE | | NAME STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE FL 32219 | | CITY-ST-ZIP | | | | | | |
| TITLE | SD | · | TITLÉ . | | 1 . | | | Change | ☐ Addition |
| NAME | GUNTER, JUDITH D. | Delete | NAME | | • | | | | ☐ Addition |
| STREET ADDRESS | 9909 IOWA AVENUE | e e e e e e e e e e | "STREET ADDRESS" | | | | | <u> </u> | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | | | | | | Į |
| TITLE | | □ Delete | TITLE | | | | | Change | Addition |
| NAME | | , , , Donu | NAME | | | | - | | |
| STREET ADDRESS | <u></u> | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | • | | | | |
| TITLE | | ☐ Delete | TITLE | | | | [| Change | Addition |
| NAME | Į. | | NAME | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE | | Delete | TITLE | | | | | Change | ☐ Addition |
| NAME | <u> </u> | | NAME | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| 12. I hereby | certify that the information supplied with | this filing does not qualify for | the exemption stat | ed in Se | ection 119.07(3)(i). F | lorida Statutes, I fu | rther certify | that the ir | formation |

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. GORDON C. GUMTER