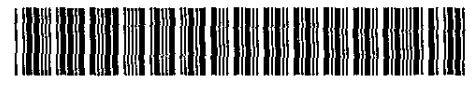


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 763926 1. Entity Name THE LIFELINE EVANGELISTIC CHURCH, INC.	
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Principal Place of Business 135 JACKSON AVE SOUTH JACKSONVILLE FL 32210 32220 US	Mailing Address P.O. BOX 62224 JACKSONVILLE FL 32208 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2272104	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 32220	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUNTER, GORDON C 9909 IOWA AVENUE JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PTD GUNTER, GORDON C PAST.	<input type="checkbox"/>
NAME	GUNTER, GORDON C PAST.	
STREET ADDRESS	9909 IOWA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input type="checkbox"/>
NAME	GUNTER, STEVEN LEE	
STREET ADDRESS	9909 IOWA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input type="checkbox"/>
NAME	GUNTER, JUDITH D.	
STREET ADDRESS	9909 IOWA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1100000336054
04/27/05-80110-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-25-05 (904) 764-8251 <small>Date Daytime Phone #</small>
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