

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N16584 (7)**

1. Corporation Name

THE LIVING HOPE INTERNATIONAL MINISTRY, INC.

Principal Place of Business	Mailing Address
801 29TH STREET C/O BROWN, CARETHA. P.O. BOX 560403 ORLANDO FL 32805-6218	801 29TH STREET C/O BROWN, CARETHA. P.O. BOX 560403 ORLANDO FL 32805-6218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1986	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2719309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 801 29th Street	25. P. O. Box 560403
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Orlando, FL	28. City & State Orlando, FL 32856-0403
24. Zip 32805	25. Country Orange
	29. Zip 32856-0403
	30. Country Orange

9. Name and Address of Current Registered Agent

**ROBINSON, RICHARD L.
5250 S. HIGHWAY 17-92
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CARETHA	1.2 NAME	
STREET ADDRESS	2631 MONTE CARLO TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES O.	2.2 NAME	
STREET ADDRESS	2631 MONTE CARLO TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDDLE, PAMELA	3.2 NAME	
STREET ADDRESS	3430CULLENLAKESHOREDR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTS, JOHNETTA.	4.2 NAME	
STREET ADDRESS	36 S. HALBE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, JOHN S. JR.	5.2 NAME	PATTI BANKSON
STREET ADDRESS	1511 ROCK LAKE DR	5.3 STREET ADDRESS	2 ORANGEWOOD CT
CITY - ST - ZIP	ORLANDO FL 32805	5.4 CITY - ST - ZIP	ORLANDO, FL 32703
TITLE	XV D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STAN	6.2 NAME	FRANK MURPHY
STREET ADDRESS	5558 WESTVIEW DR	6.3 STREET ADDRESS	2806 Wyndham Lane
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	Orlando, FL 32808

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Caretha E. Brown* - Caretha E. Brown 3/20/95 (407) 422-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #