

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16584 (7)**

1. Corporation Name

**THE LIVING HOPE INTERNATIONAL MINISTRY, INC.**



Principal Place of Business Mailing Address  
801 29TH STREET P. O. BOX 560403  
C/O BROWN, CARETHA. P.O. BOX 560403 C/O BROWN, CARETHA. P.O. BOX 560403  
ORLANDO FL 32805 ORLANDO FL 32856-0403  
US US

3. Date Incorporated or Qualified **08/29/1986** 3a. Date of Last Report **03/31/1995**  
4. FEI Number **59-2719309** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **801 29th street** 26 **P.O. Box 560403**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Orlando, FL** 27 **Orlando, FL 32856-0403**  
City & State City & State  
23 **32805** 25 **Orange** 28 **32856-0403** 30 **Orange**  
Zip Country Zip Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, CARETHA</b>	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, JAMES O.</b>	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIDDLE, PAMELA</b>	
STREET ADDRESS	<b>3100 CUTLER LAKESHORE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTS, JOHNETTA.</b>	
STREET ADDRESS	<b>36 S. HALBE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATR BANKSON</b>	
STREET ADDRESS	<b>2 ORANGEWOOD CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANK MURPHY</b>	
STREET ADDRESS	<b>2806 WYNDHAM LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Michael Smith</b>
3.3 STREET ADDRESS	<b>4410 Carousel Road</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32808</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 4/16/96 (407) 422-6797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)