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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified: 08/29/1986
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business: 21 801 29th Street, Suite, Apt. #, etc.
2a. Mailing Address: 26 P.O. Box 560403, Suite, Apt. #, etc.

4. FEI Number: 59-2719309
Applied For: Not Applicable

22 City & State: 23 Orlando, FL
27 City & State: 28 Orlando, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24 Zip: 32805, 25 Country: USA
29 Zip: 32856-0403, 30 Country: USA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D BROWN, CARETHA
1.2 NAME: 2631 MONTE CARLO TRAIL, ORLANDO FL
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: VD BROWN, JAMES O.
2.2 NAME: 2631 MONTE CARLO TRAIL, ORLANDO FL
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: D MICHAEL SMITH
3.2 NAME: 4410 CAROUSEL ROAD, ORLANDO FL
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: SD BATTIS, JOHNETTA.
4.2 NAME: 36 S. HALBE, ORLANDO FL
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: D FRANK MURPHY
5.2 NAME: 2806 WYNDHAM LANE, ORLANDO FL
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: Stan DAVIS
6.2 NAME: 5556 Westview Dr, Orlando, FL 32811
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:
7.1 TITLE: D Gerri SHEPARD
7.2 NAME: 109 White Birch Dr, Kissimmee, FL 34743
7.3 STREET ADDRESS:
7.4 CITY-ST-ZIP:

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Caretha E. Brown CARETHA E. BROWN (402) 318-97-422-6797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018042

CR2E037 (9/96)