FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SHEPARD, GERRI

KISSIMMEE FL

109 WHITE BIRCH DR

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N16584

THE LIVING HOPE INTERNATIONAL MINISTRY, INC.

THE LIVING HOPE INTERNATIONAL WINISTRY, INC.						
Principal Place of Business Mailing Address					E DESET DIDITION	
		P O BOX 560403 ORLANDO FL 32856-403 US	RLANDO FL 32856-403		3. Date Incorporated or Qualified 08/29/1986 4. FEI Number 50-2710200	Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			59-2719309	·
			60403			5 Additional Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						May Be
City & State City & State				** **	7. Is this nonprofit corporation a homeowners associa	ution?
					☐ Yes ☐ No	
Zip 24 328	Country 0.5 U.S.A.	Zip 29 3 2 8 5 6 - 0 4 0 3 3	Country US		8. This corporation owes or has paid the current year	
24 328	9. Name and Address of Current	1	0 03	<u>~</u>	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	□ ∦ No
8. Name and Address of Current registered Agent				Name	3	
ROBINSON, RICHARD L.				82 Street Address (P.O. Box Number is Not Acceptable)		
5250 S. HIGHWAY 17-92			83			-
CASSELBERRY FL 32707						
			84	City	FL 85 Z	ip 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	Charles had a scaled a second as a second	and this is annually that the same of the	Somintared Ame	not singabus sage	ired when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.				*		
TITLE	P D	DELETE 1.1 T			Chang	e Addition
NAME	BROWN, CARETHA 1.2 N		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	DELETE	1,4 CITY - S	ST-ŽIP	Chang	ie Addition
TITLE			2.1 TITLE 2.2 NAME		— ∪iaiş	iomapa [s,
NAME STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE	D	DELETE 3.11		51 211	☐ Chang	je 🔲 Addition
NAME	MICHAEL SMITH 321		3.2 NAME			
STREET ADDRESS	4410 CAROUSEL ROAD	OUSEL ROAD 3.35		ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP	F	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Chang	ge
NAME	DAVIS, STAN		4. 2 NAME			7.
STREET ADDRESS	5556 Westview DR Grlando Fl		4.3 STREET 4.4 GITY - S			
CTTY-ST-ZIP	T D	DELETE	5.1 TITLE	11-4P	Chang	e Addition
NAME	FRANK MURPHY	<u> </u>	5.2 NAME			
STREET ADDRESS	2806 WYNDHAM LANE		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP		
			6.1 TITLE		Chang	e Addition

14. I 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. 1/23/98 = (407) 422-6797 BROWN

6.2 NAME

6.3 STREET ADDRESS

FILED

Jan 29 1998 8:00am

Secretary of State