


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90041 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16584**

1. Corporation Name  
**THE LIVING HOPE INTERNATIONAL MINISTRY, INC.**

Principal Place of Business 801 29TH ST ORLANDO FL 32805 US	Mailing Address P O BOX 560403 ORLANDO FL 32856-403 US
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2. Principal Place of Business 21 <b>801 29th St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 560403</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>08/29/1986</b>
23 <b>Orlando, FL</b> City & State	27 <b>Orlando, FL</b> City & State	4. FEI Number <b>59-2719309</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 <b>32805</b> 25 <b>USA</b> Zip Country	29 <b>32856-0403</b> 30 <b>USA</b> Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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 <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, CARETHA</b>	1.2 NAME	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JAMES O.</b>	2.2 NAME	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL SMITH</b>	3.2 NAME	
STREET ADDRESS	<b>4410 CAROUSEL ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, STAN</b>	4.2 NAME	
STREET ADDRESS	<b>5556 WESTVIEW DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK MURPHY</b>	5.2 NAME	
STREET ADDRESS	<b>2806 WYNDHAM LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, GERRI</b>	6.2 NAME	
STREET ADDRESS	<b>109 WHITE BIRCH DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Caretha Brown* **REQUIRED** *2/8/99* *(407) 422-6797*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)