

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 # **N93000004542 (7)**

1. Corporation Name

LIVING FAITH MINISTRY, INC.



Principal Place of Business

Mailing Address

1017 SOUTHEAST 22ND AVENUE
APT. 201
POMPANO BEACH FL 33062

1017 SOUTHEAST 22ND AVENUE
APT. 201
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 W. WALDO ST.**

26 **111 W. WALDO ST.**

4. FEI Number
65-0409152

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **GROVELAND, FLORIDA**

28 **GROVELAND, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **34736**

25 **U.S.A.**

29 **34736**

30 **U.S.A.**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, ESTHER
1017 SOUTHEAST 22ND AVENUE
APT. 201
POMPANO BEACH FL 33062**

81 Name **RODRIGUEZ, ESTHER**

82 Street Address (P.O. Box Number is Not Acceptable)
111 W. WALDO ST.

83

84 City **GROVELAND, FL** 85 Zip Code **34736**

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 Esther Rodriguez, Vice/President/Treasurer

DATE 2-6-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD RODRIGUEZ, BENITO**
STREET ADDRESS **1017 SOUTHEAST 22ND AVENUE APT. 201**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

1.1 TITLE Change Addition
1.2 NAME **PD RODRIGUEZ Benito**
1.3 STREET ADDRESS **111 W. WALDO ST.**
1.4 CITY - ST - ZIP **GROVELAND, FL. 34736**

TITLE DELETE
NAME **STD RODRIGUEZ, ESTHER**
STREET ADDRESS **1017 SOUTHEAST 22ND AVENUE APT. 201**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

2.1 TITLE Change Addition
2.2 NAME **STD RODRIGUEZ, ESTHER**
2.3 STREET ADDRESS **111 W. WALDO ST.**
2.4 CITY - ST - ZIP **GROVELAND, FL. 34736**

TITLE DELETE
NAME **T STOVER, MICHAEL**
STREET ADDRESS **1966 LISLE AVE., S.**
CITY - ST - ZIP **COLOMBUS OH**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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: Esther Rodriguez

DATE 2-6-96

DAYTIME PHONE # 352-429-9818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)