


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004542 (7)**

1. Corporation Name
LIVING FAITH MINISTRY, INC.



Principal Place of Business 111 W. WALDO STREET GROVELAND FL 34736 US	Mailing Address 111 W. WALDO STREET GROVELAND FL 34736 US
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3. Date Incorporated or Qualified 10/01/1993	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0409152		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 735 Oak Lane	Suite, Apt. #, etc. 27 P.O. Box 152
City & State 23 Groveland, FL	City & State 28 Groveland, FL
Zip 24 34736	Country 29 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RODRIGUEZ, ESTHER
111 W. WALDO STREET
GROVELAND FL 34736**

10. Name and Address of New Registered Agent 81 Name Esther Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable) 735 Oak Lane
83
84 City Groveland
85 Zip Code FL 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* DATE **4-7-98**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD RODRIGUEZ, BENITO	1.2 NAME	
STREET ADDRESS	111 W. WALDO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD RODRIGUEZ, ESTHER	2.2 NAME	
STREET ADDRESS	111 W. WALDO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T STOVER, MICHAEL	3.2 NAME	Michael Stover
STREET ADDRESS	1986 LISLE AVE., S.	3.3 STREET ADDRESS	111 Waldo St.
CITY-ST-ZIP	COLOMBUS OH	3.4 CITY-ST-ZIP	Groveland, FL 34736
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Esther Rodriguez* DATE **4-7-98** DAYTIME PHONE # **352-429-9818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)