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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004542

1. Corporation Name
LIVING FAITH MINISTRY, INC.

Principal Place of Business: 735 OAK LN GROVELAND FL 34736 US
 Mailing Address: P O BOX 152 GROVELAND FL 34736 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 111 Waldo St.	26 Suite, Apt. #, etc.	10/01/1993
22 Groveland Florida	27 City & State	4. FEI Number
23 34736 USA	28 Zip Country	65-0409152
	29	Applied For
	30	Not Applicable
		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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, ESTHER 735 OAK LN GROVELAND FL 34736	81 Name: Esther Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable): 111 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 _____ 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, MICHAEL	3.2 NAME	
STREET ADDRESS	111 WALDO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	3.4 CITY-ST-ZIP	
TITLE		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		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		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, with all other like empowered.

SIGNATURE: *Esther Rodriguez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4-18-99 352-429-9057
 Date Daytime Phone #

CR2E037 (1/98)