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0048368

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

03-02-1999 90054 039 *****8.75
03-02-1999 90054 040 *****61.25

DOCUMENT # N96000003805

1. Corporation Name
S.E.A. OF LIFE MINISTRIES, INC.

Principal Place of Business: 2280 SOFIA DR. LUTZ FL 33549
Mailing Address: 2280 SOFIA DR. LUTZ FL 33549



2. Principal Place of Business (21-24), 2a. Mailing Address (25-29), 3. Date Incorporated or Qualified (07/17/1996), 4. FEI Number (59-3169027), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (Trust Fund Contribution \$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (SMITH, BOBBY SR., 2280 SOFIA DR., LUTZ FL 33549-5183), 10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, address, and change/addition checkboxes.

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: *Bobby Smith* NATURAL REQUIRED 1-9-99 813-949-2823

CR2E037 (11/98)