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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004806

1. Corporation Name
THE LIFE OF RESURRECTION CHURCH, INC.

134670 90120 30

Principal Place of Business 7603 PASO DOBLES COURT TAMPA FL 33615	Mailing Address 7603 PASO DOBLES COURT TAMPA FL 33615
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2. Principal Place of Business 21 4631 BRAY RD.	2a. Mailing Address 26 4631 BRAY RD.	3. Date incorporated or Qualified 09/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3394217
City & State 23 TAMPA	City & State 28 TAMPA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 FL	Country 25 33634	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 FL	Country 30 33634	

9. Name and Address of Current Registered Agent KIM, DANIEL D 7603 PASO DOBLES COURT TAMPA FL 33615	10. Name and Address of New Registered Agent 81 Name KIM, DANIEL D 82 Street Address (P.O. Box Number is Not Acceptable) 7603 LA MESITA CT. 83 84 City TAMPA FL 85 Zip Code 33615
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KIM, DANIEL D STREET ADDRESS 7603 PASO DOBLES COURT CITY-ST-ZIP TAMPA FL 33615	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME KIM, DANIEL D 1.3 STREET ADDRESS 7603 LA MESITA CT. 1.4 CITY-ST-ZIP TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MOOM, YONG SUK STREET ADDRESS 2790 62ND AVE NORTH CITY-ST-ZIP ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME DILLARD, KUM S. 2.3 STREET ADDRESS 6225 NORTH DALE MABRY #103 2.4 CITY-ST-ZIP TAMPA FL 33614	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LEE, YUN CHONG STREET ADDRESS 3515 ST. KITTS COURT, #2112 CITY-ST-ZIP KISSIMMEE FL 34741	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SNYDER, VICTORIA STREET ADDRESS 14905 BALLSA WOOD PLACE CITY-ST-ZIP TAMPA FL 33613	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/30 Daytime Phone #: 813-884-3994

CR2E037 (1/98)