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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P35742

1. Corporation Name

LIVING FAITH CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

P.O. BOX 1283
NEW PORT RICHEY FL 34656

Mailing Address

P.O. BOX 1283
NEW PORT RICHEY FL 34656



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/03/1991 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 06-1072389 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | Country | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

**CERRETA, DR JOSEPH A
4923 DARLINGTON ROAD
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | CERRETA, JOSEPH ANTHONY | 1.2 NAME | |
| STREET ADDRESS | 6050 CALIBER CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 1.4 CITY-ST-ZIP | |
| TITLE | VSD | 2.1 TITLE | |
| NAME | CERRETA, DANA MAUREEN | 2.2 NAME | |
| STREET ADDRESS | 6050 CALIBER CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | |
| NAME | JACQUELINE BASAK | 3.2 NAME | |
| STREET ADDRESS | 7504 HIGH PINES COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | WINER, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 535 HENREY AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | STRATFORD CT | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

727-937-0980