

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003141

Entity Name: LIFE LEARNING MINISTRIES INC.**Current Principal Place of Business:**2816 SW 7 STREET
FT. LAUDERDALE, FL 33312**Current Mailing Address:**2816 SW 7 STREET
FT. LAUDERDALE, FL 33312**FEI Number:** 26-4596341**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIFE LEARNING MINISTRIES, INC
2816 SW 7 STREET
FT LAUDERDALE, FL 33312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** FRANKLYN CAPRON

03/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CAPRON, FRANKLYN
Address 2816 SW 7 STREET
City-State-Zip: FT LAUDERDALE FL 33312

Title VP
Name ALEX, SANVILL
Address 2816 S. W. 7TH STREET
City-State-Zip: FT. LAUDERDALE FL 33312

Title SECRETARY
Name THOMAS, INDRA L ESQ.
Address 2816 SW 7 STREET
City-State-Zip: FT. LAUDERDALE FL 33312

Title TREASURER
Name CAPRON, LORNA
Address 2816 SW 7TH ST
City-State-Zip: FORT LAUDERDALE FL 333122182

Title DIRECTOR
Name SMITH, DOREEN
Address 5300 WASHINGTON STREET
APT #R202
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name SAINVIL, ALEX
Address 6641 N. W. 25TH STREET
City-State-Zip: SUNRISE FL 33311

Title DIRECTOR
Name CURRY, KHAYE
Address 2251 GREEN STREET
City-State-Zip: HOLLYWOOD FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLYN A CAPRON

PRESIDENT

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date