FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 14 AM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731892 (6)

1. Corporation Name
TOTAL LIFE MINISTRIES, INC.

Principal Place of Business
1853 PALM LANE
ORLANDO FL 32803

Mailing Address
1853 PALM LANE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1975
3a. Date of Last Report: 04/14/1994
4. FEI Number: 51-0163836 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOHNSON, BARBARA W.
1853 PALM LANE
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barbara W. Johnson — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE 3-7-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATERS, PAUL
STREET ADDRESS	1065 CAMPBELL ST
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	WYCOFF, EDGAR B., III
STREET ADDRESS	104 PERSHING DR.
CITY-ST-ZIP	ALTAMONTE SPGS FL
TITLE	SD
NAME	JOHNSON, DON A.
STREET ADDRESS	1853 PALM LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	FREDERICK, WILLIAM
STREET ADDRESS	105 W. NEW HAMPSHIRE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	RUTLEDGE, HARRY C.
STREET ADDRESS	1339 MONTCALM
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	SCHUMACHER, PAUL D
STREET ADDRESS	81 OAKLEIGH DR
CITY-ST-ZIP	MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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*****61.25 *****51.25

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

see A
3-14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barbara W. Johnson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara W Johnson
Date: 3-7-95 Daytime Phone #: (407) 898-2803

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