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FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32803-1535

3. Date Incorporated or Qualified

02/18/1975

3a. Date of Last Report

03/11/1996

4. FEI Number

51-0163836

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 456 Meadowood Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 536221

Suite, Apt. #, etc.

22 City & State

23 Fern Park FL

Zip

24 32730

Country

25 Seminole

27 City & State

28 Orlando FL

Zip

29 32853-6221

Country

30 Orange

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

Barbara W. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

456 Meadowood Blvd

*New Address

83

84 City

Fern Park

FL

85 Zip Code

32730

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 Barbara W. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

4-7-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WATERS, PAUL
STREET ADDRESS 1065 CAMPBELL ST
CITY-ST-ZIP ORLANDO FLTITLE VD ☐ DELETE
NAME WYCOFF, EDGAR B., III
STREET ADDRESS 104 PERSHING DR.
CITY-ST-ZIP ALTAMONTE SPGS FLTITLE SD ☐ DELETE
NAME JOHNSON, DON A.
STREET ADDRESS 1853 PALM LANE
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME FREDERICK, WILLIAM
STREET ADDRESS 105 W. NEW HAMPSHIRE
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
NAME RUTLEDGE, HARRY C.
STREET ADDRESS 1339 MONTCALM
CITY-ST-ZIP ORLANDO FLTITLE D ☐ DELETE
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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD Johnson, Don A
3.3 STREET ADDRESS 456 Meadowood Blvd
3.4 CITY-ST-ZIP Fern Park FL 327304.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018354

4-7-97 407-830-9904

CR2E037 (9/96)