

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

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0018502

**DOCUMENT # 731892**

1. Corporation Name

**TOTAL LIFE MINISTRIES, INC.**

Principal Place of Business

**456 MEADOWWOOD BLVD  
FERN PARK FL 32730  
US**

Mailing Address

**P.O. BOX 536221  
ORLANDO FL 32853-6221  
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**JOHNSON, BARBARA W.  
456 MEADOWWOOD BLVD  
FERN PARK FL 32730**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/18/1975**

4. FEI Number

**51-0163836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**  
NAME **WATERS, PAUL**  
STREET ADDRESS **1065 CAMPBELL ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE

NAME **WYCOFF, EDGAR B., III**  
STREET ADDRESS **104 PERSHING DR.**  
CITY-ST-ZIP **ALTAMONTE SPGS FL**

TITLE **SD** ☐ DELETE

NAME **JOHNSON, DON A.**  
STREET ADDRESS **456 MEADOWWOOD BLVD**  
CITY-ST-ZIP **FERN PARK FL**

TITLE **D** ☐ DELETE

NAME **FREDERICK, WILLIAM**  
STREET ADDRESS **105 W. NEW HAMPSHIRE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **RUTLEDGE, HARRY C.**  
STREET ADDRESS **1339 MONTCALM**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **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-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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:

*Barbara W. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara W. Johnson

2-16-99

Date

(407-830-9904

Daytime Phone #

CR2E037 (11/98)