

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739198** (0)  
1. Corporation Name  
**ETERNAL LIFE MINISTRIES, INC.**



Principal Place of Business <b>10818 CHERITH LANE CLERMONT FL 34711 US</b>	Mailing Address <b>10818 CHERITH LANE CLERMONT FL 34711 US</b>
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2. Principal Place of Business 21 <b>CLERMONT, FL 34711</b>	2a. Mailing Address 26 <b>SAME AS ABOVE</b>
Suite, Apt. #, etc. 22 <b>SAME AS ABOVE</b>	Suite, Apt. #, etc. 27
City & State 23 <b>"</b>	City & State 28
Zip 24 <b>"</b>	Country 25 <b>U.S.A.</b>
Country 29 <b>USA</b>	Zip 30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/01/1977</b>	
4. FEI Number <b>59-1759931</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WOODALL, DOROTHY J 10818 CHERITH LANE CLERMONT FL 34711</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODALL, OSCAR M</b>	1.2 NAME	
STREET ADDRESS	<b>10818 CHERITH LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODALL, JOHN M.</b>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>47088 Glenaville Ct.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Sterling, VA 20165</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODALL, DOROTHY J</b>	3.2 NAME	
STREET ADDRESS	<b>10818 CHERITH LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERNER, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>10137 JACARANDA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODALL, LISA</b>	5.2 NAME	
STREET ADDRESS	<b>5</b>	5.3 STREET ADDRESS	<b>5813 Magellan Way.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Raleigh N.C. 27612</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **OSCAR M WOODALL** (352) 242-0830

CP2E037 (10/97)