

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755843 (0) 1. Corporation Name LIFE MINISTRIES, INC.			
Principal Place of Business 1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156		Mailing Address 1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent SMITH, JEANNINE 1183 CHESNUT STREET CLERMONT FL 34712		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	SMITH, JEANNINE	1.2 NAME	
STREET ADDRESS	1183 CHESTNUT ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLERMONT FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	SMITH, IW	2.2 NAME	
STREET ADDRESS	1183 CHESTNUT ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLERMONT FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	DICE, COLLENE	3.2 NAME	
STREET ADDRESS	3239 NW 44TH PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	DICE, W. CLORE	4.2 NAME	
STREET ADDRESS	3239 NW 44TH PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR		Date _____ Daytime Phone # 0089628	



CR2E037 (9/96)