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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **755843**

1. Corporation Name
LIFE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156	1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156

408711 - 90012 - 22

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/12/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2166991 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Acceptable)

FL 85 Zip Code

for the purpose of changing its registered
y accept the appointment as registered

DATE

Mail to Pres

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statu

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A

12. OFFICERS AND DIRECTORS			13. TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [signature] V.P. (Pres. & Dir.) 4/5/99 352-394-3356

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #