

FILE NOW: FILING FEE IS \$61.25

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

1183 CHESTNUT ST
PO BOX 120156
CLERMONT FL 34712-0156

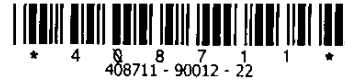
Mailing Address

1183 CHESTNUT ST
PO BOX 120156
CLERMONT FL 34712-0156

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90012 043 *****61.25

04-25-1999 90012 044 *****8.75



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/12/1981

4. FEI Number

59-2166991

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at 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 Statute.

SIGNATURE

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

(NOTE: Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SMITH, JEANNINE
CITY-ST-ZIP 1183 CHESTNUT ST.
CLERMONT FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS SMITH, IW
CITY-ST-ZIP 1183 CHESTNUT ST
CLERMONT FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS DICE, COLLENE
CITY-ST-ZIP 3239 NW 44TH PL
GAINESVILLE FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS DICE, W. CLORE
CITY-ST-ZIP 3239 NW 44TH PLACE
GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DATE
TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0072961