

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28578** (5)

1. Corporation Name

**LIFE-GIVING EVANGELISTIC MINISTRIES, INC. - ABU  
NDANT LIFE CHURCH OF GOD IN CHRIST**

Principal Place of Business

Mailing Address

**1721 LAKE CREST AV  
BRANDON FL 33510-2221**

**P.O. BOX 2754  
BRANDON FL 33509-2754**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/28/1988</b>		3a. Date of Last Report <b>04/26/1996</b>	
21 <b>1903 RIVER MEADOW CT.</b>		26		4. FEI Number <b>95-3986359</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State <b>VALRICO FL</b>		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33594-7230</b>		25 Country <b>HILLBOROUGH</b>		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILDER, BESSIE 1906 GRACE STREET TAMPA FL 33607</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			
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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BARNES, MATTHEW Q</b>			1.2 NAME			
STREET ADDRESS	<b>1721 LAKE CREST AV</b>	<b>1903 RIVER MEADOW CT</b>		1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRANDON FL</b>	<b>VALRICO FL</b>		1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EDWARDS, PHILLIP</b>			2.2 NAME			
STREET ADDRESS	<b>708 BLOOMINGFIELD DR</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRANDON FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILDER, BESSIE</b>			3.2 NAME			
STREET ADDRESS	<b>1906 GRACE STREET</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLACK, VERNIE FAYE</b>			4.2 NAME			
STREET ADDRESS	<b>3205 DELEUIL AVE.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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

*[Handwritten Signature]* 6-22-97 (P) (E) (L) (H)

CR2E037 (9/96)