## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

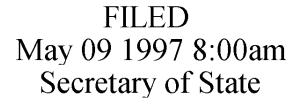
LIFE-GIVING EVANGELISTIC MINISTRIES, INC. – ABU NDANT LIFE CHURCH OF GOD IN CHRIST

Principal Place of Business	
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Mailing Address

1721 LAKE CREST AV

P.O. BOX 2754





BRANDON FL 33510-222	1	BRANDON FL 33509-2754					
					3. Date Incorporated or Qualified 09/28/1988	3a. Date of 04/2	Last Report 26/1996
2. Principal Place of B		2a. Mailing Address	Ra. Mailing Address		4. FEI Number		Applied For
21 1903 RIVER MEADOW CT. 26					95-3986359		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State  23 VALRICO					Election Campaign Financing     Trust Fund Contribution	<b>\$</b>	5.00 May Be
Zip	Country 25 HILVIBOROVENT	Zip 3	Country	/	8. This corporation has liability for it		nder s. 199.032,
	me and Address of Current		<u> </u>	<u></u>	10. Name and Address of New Reg	. – .	
			81	Name		,	,
WILDED RECOIL	:		82	<u> </u>			
WILDER, BESSIE 1906 GRACE STREET				Street Addr	ess (P.O. Box Number is Not Acceptabl	0)	
TAMPA FL 3360		83					
17411 A 1 E 0000	4		84	City		<b></b> 85	Zip Code
44 Durayant to the ne	outsians of Castians 047 0500					FL°°	
office or registered agent. I am familia	d agent, or both, in the State of with, and accept the obligations.	and 617, 1508, Florida Statules, f Florida. Such change was aut ons of, Section 617,0503, Florid	, the above horized by da Statute:	e-named corp y the corporat s.	oration submits this statement for the pu ion's board of directors. I hereby accep	urpose of chan I the appointm	ging its registered ent as registered
SIGNATURE	yped or printed name of registered agent	and title if applicable (NOTE: F	Registered Age	ent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE P		☐ DELETE	1.1 TITLE			□ c	hange 🔲 Addition
NAME BARN	NES, MATTHEW Q	_	1.2 NAME				Į,
STREET ADDRESS -1721	LAKE CREST AV- 1903	3 RIVER MEADOW &	. 1.3 STREET	ADDRESS			}
CITY-ST-ZIP BRAT	DON FL-VALRICO	FL	1.4 CITY- S	ST-ZIP			}
TITLE D		☐ DELETE	21 TITLE			□ c	hange Addition
NAME EDW	EDWARDS, PHILLIP		2.2 NAME				
STREET ADDRESS 708	DORESS 708 BLOOMINGFIELD DR			ADDRESS			
CITY-ST-ZIP BRAN	IDON FL		2,4 CITY-	ST-ZIP	f		
TITLE D		☐ DELETE	3.1 THILE			□ c	hange Addition
NAME WILD	er, bessie		3.P NAME				
	GRACE STREET		3.8 STREET	ADDRESS			
	PA FL		3.4. CITY - 3	ST-21P			
TITLE D		☐ DELETE	4.1 TITLE				hange
	K, VERNIE FAYE		4. 2 NAME				
	DELEUIL AVE.		4.3 STREET	ADDRESS			
	A FL		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ C	hange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.9 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	7-ZIP			
TITLE		☐ DELETE	6.1 TITLE		-	□ c	hange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	that the information availant		6.4 CiTY - S	T-ZIP		<del>-</del>	
THE LAC DOLODU CARDO	that the intermetics supplied .				12- D42 440 D2/01/01 Fr. 11 D1 1 1		

r on nereby certify that the information supplied with this filling 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.