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Feb 03 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 # N42310 (5)

1. Corporation Name

LIFE IN CHRIST, INC.

Principal Place of Business

(NEW)

Mailing Address

(SAME)

~~5743 ANDOVER CIR.~~
~~SARASOTA FL 34230~~
~~US~~

7177 BEE RIDGER
SARASOTA, FL.
34240

P.O. BOX 17067
SARASOTA FL 34276-0067
US



3. Date Incorporated or Qualified
02/28/1991

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0246031

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LADNER, DAVID~~
~~5743 ANDOVER CIR.~~
~~SARASOTA FL 34233~~

(NEW)

LADNER, DAVID L.
2243 KARA CHASE CIR.
SARASOTA, FL. 34240

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	D	<input type="checkbox"/> DELETE
NAME	LADNER, DAVID	
STREET ADDRESS	5743 ANDOVER CIR.	
CITY - ST - ZIP	SARASOTA FL 34230	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LADNER, BETTY	
STREET ADDRESS	5743 ANDOVER CIR.	
CITY - ST - ZIP	SARASOTA FL 34230	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LADNER, TANYA	
STREET ADDRESS	6706 JARVIS RD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LADNER, DAVID L.	
1.3 STREET ADDRESS	2243 KARA CHASE CIR.	
1.4 CITY - ST - ZIP	SARASOTA, FL. 34240	
2.1 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LADNER, BETTY	
2.3 STREET ADDRESS	2243 KARA CHASE CIR.	
2.4 CITY - ST - ZIP	SARASOTA, FL. 34240	
3.1 TITLE	STD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	(NEW) DWAYNE LADNER	
3.3 STREET ADDRESS	2243 KARA CHASE CIR.	
3.4 CITY - ST - ZIP	SARASOTA, FL. 34240	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

DAVID L. LADNER

1-22-1997 (941) 377-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064001

CR2E037 (9/96)