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May 12 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 # **N42423** **(6)**

1. Corporation Name

LIFE MANAGEMENT MINISTRIES, INC.

Principal Place of Business	Mailing Address
351 SO. CYPRESS RD., STE. 305 POMPANO BEACH FL 33060	~~15483 TURNBULL DRIVE~~ ~~MIAMI LAKE FL 33014-2999~~ ~~US~~

3. Date Incorporated or Qualified: 03/06/1991
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 8551

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28: Deerfield Bch., FL

Zip — 24
Country — 25
Zip — 29: 33443
Country — 30: Broward

4. FEI Number: 65-0252236 ☐ 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

WILLIAMS, DENNIS P.
2622 NW 118TH DR.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DENNIS P.		1.2 NAME		
STREET ADDRESS	2622 NW 118TH DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JANET		2.2 NAME		
STREET ADDRESS	15483 TURNBULL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEST, RAY		3.2 NAME		
STREET ADDRESS	6499 NO. POWERLINE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEEN, FRED		4.2 NAME		
STREET ADDRESS	1421 SW 21 LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TCHIVIDJIAN, STEPHAN M		5.2 NAME		
STREET ADDRESS	351 S CYPRESS RD., #105		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Carol A. Ray		6.2 NAME		
STREET ADDRESS	3020 B Gateway Drive		6.3 STREET ADDRESS		
CITY-ST-ZIP	Pompano Bch., FL 33069		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 4-1-97 (954) 427-1216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023183