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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42423

1. Corporation Name
LIFE MANAGEMENT MINISTRIES, INC.

Principal Place of Business	Mailing Address
3020 GATEWAY DR POMPANO BEACH FL 33069 US	P.O. BOX 8551 DEERFIELD BEACH FL 33443 US

2. Principal Place of Business 21 2836 N. UNIVERSITY DR 22 Suite, Apt. #, etc. 23 City & State: CORAL SPRINGS, FL 24 Zip: 33065 25 Country: BROWARD	2a. Mailing Address 26 27 Suite, Apt. #, etc.: P.O. Box 8142 28 City & State: CORAL SPRINGS, FL 29 Zip: 33075 30 Country: BROWARD	3. Date Incorporated or Qualifed: 03/06/1991 4. FEI Number: 65-0252236 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

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): 10121-W NW 36 STREET
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Dennis Williams — 3-16-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DENNIS P. 2622 NW 118TH DR. CORAL SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2836 N. UNIVERSITY DR CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, CAROL A 3020 B GATEWAY DRIVE POMPANO BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D LEE ARMFIELD 2836 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TCHIVIDJIAN, STEPHAN M 351 S CYPRESS RD., #105 POMPANO BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☒ Change ☐ Addition 2836 N. UNIVERSITY DR CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Dennis Williams — 3-16-99 — 954-796-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)