FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N45560 DOCUMENT #

LIFE CHURCH MINISTRIES INTERNATIONAL, INC.														
Principal Place of Business Mailing Address														
5975 S.W. 137TH AVENUE. #203 5975 S.W. 137TH AVEN MIAMI FL 33183 MIAMI FL 33183					E. #203	. #203								
									3. Date Incor 10/0	porated or Qualified 9/1991	3a. Da	te of Last 09/11/19	95	
Principal Place of Business Address Address									4. FEI Numb	er			Applied For	
2. Principal Fla	Ce of Dosiness		26						65-0292824			Not Applicable		
Suite, Apt. #	, etc.	-	Suite, Apt. #, etc.					5. Certificate	of Status Desired	Status Desired \$8.75 Additional Fee Required				
City & State				City & State					ampaign Financing		—	O May Be d to Fees		
23			28						This corn	d Contribution	r intendible t			
Zip				Zip	30	Zountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
24	25 25	ddrage of Curren	29 nt Registered Agent		130			10. Name and Address of New Registered Agent						
	9. Name and A	udiess of contain	· Hogiet			81	Nar	ne						
HARRINGTON, LUCY C REV.						82	Stre	eet Addr	ress (P.O. Box Nu	mber is Not Accept	able)			
5975 S.W. 137TH AVENUE, #203						83								
MIAMI FL 33183 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							L.,					85 Z	p Code	
						84					FL	1 1		
SIGNATURE .	Signature, typed or printed	I name of registered agent	and title if a	applicable. (NC	TÉ Register	ed Ager			ed when reinstation)	NS/CHANGES TO C	DATE			
12.		OFFICERS AN	D DIREC	DELETE	13	TITLE		\neg	ADDITION	13/0/1/1000 10 0		Change	☐ Addition	
TITLE	CD	LICARY DEV		Присси	1	NAME								
NAME	HARRINGTON, HENRY REV. 22 COBBLESTONE CT.			,			1.3 STREET ADDRESS							
STREET ADDRESS	CASSELBERR					1.4 CITY - ST - ZIP						/ 10:	- Addition	
CITY-ST-ZIP	VCD	2.1	2.1 TITLE						☐ Charge	Addition				
NAME	HARRINGTON			L L			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	22 COBBLES							l						
CITY-ST-ZIP		CASSELBERRY FL 32707					- ST - ZI		,			☐ Change	☐ Addition	
TITLE	STD HARRINGTON	L LUCY				1 TITLE 2 NAME								
NAME STREET ADDRESS	5075 CW 12	7TH AVE., #203	3		3.3	3 STREE	ET ADDE	RESS						
CITY-ST-ZIP	MIAMI FL 331						- ST - ZI	_ _				Change	Addition	
TITLE	D			DELETE		1 TITLE								
NAME	HINKLEY, EM	IMETT B REV.	2/1/	OSBBELL S	7. 1	2 NAM		0000						
STREET ADDRESS	ODI ANDO C	ACCOUNT OF THE	7110		1		et add -st-zii							
CITY-ST-ZIP	D D D	.22004 3.85	Up	DELETE		1 TITLE						Change	Addition	
TITLE NAME	_	n, Thelma L		_	5	.2 NAMI	E							
STREET ADDRESS	AN CORDINE				5	3 STRE	ET ADD	RESS						
CITY-ST-ZIP	CASSELBER	RY FL 32707					- \$T- ZI	P				Chang	e 🔲 Addition	
TITLE	<u> </u>			DEFELE	6	.1 TITLS	5					- O		

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 manged, or on an attachment with an address. TER OR DIRECTOR HARRINGTON 4-14/96