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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000402 (8)

1. Corporation Name

LORD OF LIFE MISSION CHURCH, INC.



Principal Place of Business	Mailing Address
1200 DELTONA PLAZA STE 12 AND 13 DELTONA FL 32725 US	1109 CAMBRIDGE DELTONA FL 32725-3655 US

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 05/22/1996
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2. Principal Place of Business	2a. Mailing Address
21 3063 Enterprise Rd.	26 Suite, Apt. #, etc.
22 Suite 14	27 City & State
23 DeBary, Florida	28 Zip
24 32753	25 U.S.

4. FEI Number 59-3228554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FINEGAN, RENEE H. 1109 CAMBRIDGE DELTONA FL 32725	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 H. Renee Finegan DATE 4/27/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D Board Chairman <input type="checkbox"/> DELETE
NAME	OVENIA, KAHL
STREET ADDRESS	619 DEED CIR.
CITY-ST-ZIP	DELTONA FL 32738
TITLE	D Treasurer <input checked="" type="checkbox"/> DELETE
NAME	MACFARLAND, DIANE
STREET ADDRESS	2101 NEDRA AVE.
CITY-ST-ZIP	DELTONA FL 32725
TITLE	D President <input type="checkbox"/> DELETE
NAME	FINEGAN, RENEE
STREET ADDRESS	1109 CAMBRIDGE STREET
CITY-ST-ZIP	DELTONA FL 32725
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	see Below
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Clemons
4.3 STREET ADDRESS	3063 Enterprise Rd
4.4 CITY-ST-ZIP	DeBary Florida 32753
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 H. Renee Finegan DATE 4/27/97

CR2E037 (9/96)