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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000000402

1. Corporation Name

LORD OF LIFE MISSION CHURCH, INC.

Principal Place of Business

**3063 ENTERPRISE RD
STE 14
DEBARY FL 32753
US**

Mailing Address

**1109 CAMBRIDGE
DELTONA FL 32725
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FINEGAN, RENEE H.
1109 CAMBRIDGE
DELTONA FL 32725**

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

59-3228554

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DBC** ☐ DELETE

NAME **OVENIA, KAHL**

STREET ADDRESS **519 DEED CIR.**

CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DT** ☒ DELETE

NAME **CLEMONS, LINDA**

STREET ADDRESS **3063 ENTERPRISE RD**

CITY-ST-ZIP **DEBARY FL**

TITLE **DP** ☐ DELETE

NAME **FINEGAN, RENEE**

STREET ADDRESS **1109 CAMBRIDGE STREET**

CITY-ST-ZIP **DELTONA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DT

1.2 NAME

Ovenia Kahl, ovenia

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE

DV

2.2 NAME

Gertie Cochran, Gerd

2.3 STREET ADDRESS

404 Ft. Smith Blvd

2.4 CITY-ST-ZIP

Deltona, FL 32738

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)