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Jun 16 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 # **N94000004154 (0)**

1. Corporation Name

LIFE LIKE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**18932 NW 42 CT
MIAMI FL 33055
US**

**18932 NW 42 CT
MIAMI FL 33055-2706
US**

3. Date Incorporated or Qualified **08/19/1994** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business 2a. Mailing Address
21 18932 NW 42ct 26 18932 NW 42ct

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

City & State City & State
23 miami FL 28 miami FL

Zip Country Zip Country
24 33055 25 Dade 29 33055 30 Dade

4. FEI Number **65-0521068** 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

10. Name and Address of New Registered Agent

**WYNN, ROBERT L
171 N.W. 37TH STREET
MIAMI FL 33127**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BRANCH, WILLIE W**
STREET ADDRESS **18932 N.W. 42ND CURT**
CITY-ST-ZIP **MIAMI FL 33055**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DEO** ☐ DELETE
NAME **BRANCH, CATHERINE J**
STREET ADDRESS **18932 N.W. 42ND CURT**
CITY-ST-ZIP **MIAMI FL 33055**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **WILKERSON, HERBERT**
STREET ADDRESS **3935 N.W. 193 STREET**
CITY-ST-ZIP **MIAMI FL 33055**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARMICLE, MECHELLE**
STREET ADDRESS **3935 N.W. 193 STREET**
CITY-ST-ZIP **MIAMI FL 33055**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOHONE, KAREN**
STREET ADDRESS **7010 NW 188 STREET**
CITY-ST-ZIP **MIAMI FL 33055**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **WILKERSON, ROBIN**
STREET ADDRESS **3935 N.W. 193 STREET**
CITY-ST-ZIP **MIAMI FL 33055**

6.1 TITLE ☐ Change ☐ 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.

Catherine J. Branch
SIGNATURE

5-8-97 16244687

CR2E037 (9/96)