

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 18932 NW 42 CT MIAMI FL 33055 US		Mailing Address 18932 NW 42 CT MIAMI FL 33055 US		3. Date Incorporated or Qualified 08/19/1994
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0521068
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WYNN, ROBERT L 171 N.W. 37TH STREET MIAMI FL 33127				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, WILLIE W	1.2 NAME	
STREET ADDRESS	18932 N.W. 42ND CURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	DEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, CATHERINE J	2.2 NAME	
STREET ADDRESS	18932 N.W. 42ND CURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, HERBERT	3.2 NAME	
STREET ADDRESS	3935 N.W. 193 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHALE, MECHELLE	4.2 NAME	
STREET ADDRESS	3935 N.W. 193 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHONE, KAREN	5.2 NAME	
STREET ADDRESS	7010 NW 186 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, ROBIN	6.2 NAME	
STREET ADDRESS	3935 N.W. 193 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Catherine Branch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024969

CR2E037 (10/97)