

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 036 ****61.25

DOCUMENT # **N94000004154**

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

5 9 0 9 3 0 - 9 0 0 0 4 - 3 6



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/19/1994

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

9. Name and Address of Current Registered Agent

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE D
NAME MOHONE, KAREN
STREET ADDRESS 7010 NW 186 STREET
CITY-ST-ZIP MIAMI FL 33055

☐ DELETE

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ 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: *Katherine Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-99

Date

305-6244687

Daytime Phone #

CR2E037 (5/99)