FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005465 (9)**

1. Corporation Name

LIVING FAITH EVANGELISTIC MINISTRIES, INC.

Principal Place of Business	Mailing Address
1201 KERNAN BLVD JACKSONVILLE FL 32225	1201 KERNAN BLVD JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3276072 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 1201 KERNAN BLVD.	2a. Mailing Address 26: 265 Winter Springs Wy	5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23:	City & State 28: JACKSONVILLE, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24: / County 25:	Zip 29: 32225 / County 30: DUVAL	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, BONFILES L
265 WINTER SPRINGS WAY
JACKSONVILLE FL 32225

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V-P	☐ Change ☒ Addition
NAME	AUSTIN, BONFILES L	12 NAME	Rev. William M. King Sr.	
STREET ADDRESS	265 WINTER SPRINGS WAY	13 STREET ADDRESS	8445 Ruckman Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	14 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, EDITH L	22 NAME		
STREET ADDRESS	265 WINTER SPRINGS WAY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, SHEA D	32 NAME		
STREET ADDRESS	265 WINTER SPRINGS WAY	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225	34 CITY-ST-ZIP		
TITLE	V-PRESIDENT	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAM KING SR.	42 NAME		
STREET ADDRESS	8445 RUCKMAN AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bonfiles L Austin — Bonfiles L. Austin — 4/18/95 — (904) 221-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028054