

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000005518 (5)

1. Corporation Name

LIFE LINE DELIVERANCE AND OUTREACH MINISTRY, INC

Principal Place of Business

Mailing Address

207 O'BRIEN ROAD
STE. 115
FERN PARK FL 32730

P O BOX 160783
STE. 115
ALTAMONTE SPRINGS FL 32716-0783
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WRIGHT, DAPHNE
207 O'BRIEN ROAD
STE. 115
FERN PARK FL 32730

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

59-3301057

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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** ☐ DELETE
NAME **WRIGHT, DAPHNE**
STREET ADDRESS **642 PARKWOOD AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **P** ☐ DELETE
NAME **KELLY, GLEN**
STREET ADDRESS **4954 LESCOT LANE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ DELETE
NAME **DEHANEY, ROSETTA**
STREET ADDRESS **1320 CROYLE DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE
NAME **KERR, MARCIA**
STREET ADDRESS **642 PARKWOOD AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Kelly, Glen**
2.3 STREET ADDRESS **4954 Lescot Lane**
2.4 CITY-ST-ZIP **Orlando FL 32811**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

Glen Kelly

Glen Kelly

7/19/98

407-786-7735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 23 1998 8:00am⁸
Secretary of State

