2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

DOCUMENT # N94000005518

Apr 30, 2004 8:00 am Secretary of State 1. Entity Name 04-30-2004 90410 001 ****61.25 LIFE LINE DELIVERANCE AND OUTREACH MINISTRY, 04-30-2004 90410 002 *****8.75 INC. Principal Place of Business Mailing Address 7018 FOREST CITY RD. ORLANDO FL 32810 P O BOX 160783 STE. 115 ALTAMONTE SPRINGS FL 32716-0783 2. Principal Place of Business 3. Mailing Address 6239 Edgewater Drive Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3301057 RLando ouida Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 15 H Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLY, GLEN 4954 LESCOT LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 1) Rive RO4Le 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) ure, typed or printed name of registered agent and little if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change TITLE KELLY, DAPHEN NAME NAME 642 PARKWOOD AVE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition KELLY, GLEN NAMÉ NAME 4954 LESCOT LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP CITY-ST-ZIP 3*381*/ ☐ Delete Change Addition TITLE DEHANEY, ROSETTA---NAME NAME 1320 CROYLE DR. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Theodore Walker ☐ Delete TITLE **▼** Addition NAME NAME 1838 Whitney Way Winter Park, FLorida STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE **M** Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32714 INA SOLOMON 221 Jay BRIVE TITLE ☐ Delete 1ITLE NAME NAME STREET ADDRESS STREET ADDRESS Altamonte Springs, CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

FILED