

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001672 (3)

1. Corporation Name

BLOOD OF LIFE MINISTRY, INC.



Principal Place of Business

9500 SW 87TH AVE
MIAMI FL 33176

Mailing Address

9500 SW 87TH AVE
MIAMI FL 33176

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0576081

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

ROBINSON, RODNEY
2800 BISCAYNE BLVD
SUITE 900
MIAMI FL

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 ☐ DELETE

NAME
WOODARD, MARILYN
STREET ADDRESS
9500 SW 87TH AVE
CITY-ST-ZIP
MIAMI FL 33176

TITLE ☐ DELETE

NAME
WOODARD, MELVIN
STREET ADDRESS
9500 SW 87TH AVE
CITY-ST-ZIP
MIAMI FL 33176

TITLE ☐ DELETE

NAME
TAFT, STEFFANIE Y
STREET ADDRESS
9500 SW 87TH AVE
CITY-ST-ZIP
MIAMI FL 33176

TITLE ☐ DELETE

NAME
GUY, SHANE
STREET ADDRESS
1011 SW 223RD TER
CITY-ST-ZIP
MIAMI FL 33190

TITLE ☐ DELETE

NAME
ANDREWS, CAROLYN
STREET ADDRESS
132 HURST ST
CITY-ST-ZIP
ST AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME
SMITH, DEBRA
STREET ADDRESS
16020 SW 10TH CT
CITY-ST-ZIP
MIAMI FL 33157

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

Date

3055960457

Daytime Phone #

CR2E037 (12/95)