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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000001672

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



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

04/05/1995

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

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

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

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

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

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

TITLE D
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

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: *Marilyn Woodard* 4-28-99 305596045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)