

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90007 046 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000004277**

1. Corporation Name

**L.I.F.E. MILITARY MINISTRIES, INC.**

Principal Place of Business  
 13626 PICARSA DR.  
 JACKSONVILLE FL 32225

Mailing Address  
 13626 PICARSA DR.  
 JACKSONVILLE FL 32225



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>358 DITON DRIVE, SOUTH</b>	26	<b>358 DITON DRIVE, SOUTH</b>	08/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3390183	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	<b>JACKSONVILLE</b>	28	<b>JACKSONVILLE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip <b>32225-3903</b>	25	Country <b>USA</b>	29	Zip <b>32225-3903</b>
30		30	Country <b>USA</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOTT, RICHARD A 13626 PICARSA DR. JACKSONVILLE FL 32225				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>358 DITON DRIVE, SOUTH</b>			
				84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32225</b>			

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 617.0502, Florida Statutes.

SIGNATURE: *Richard C. Lotts* DATE: **07SEP99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, RICHARD A	1.2 NAME	
STREET ADDRESS	13626 PICARSA DR.	1.3 STREET ADDRESS	<b>358 DITON DRIVE, SOUTH</b>
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, D	2.2 NAME	
STREET ADDRESS	13626 PICARSA DR	2.3 STREET ADDRESS	<b>358 DITON DRIVE, SOUTH</b>
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DVID	3.2 NAME	
STREET ADDRESS	2768 SR A1A, 506	3.3 STREET ADDRESS	<b>5430 ONEIDA STREET</b>
CITY-ST-ZIP	ATLANTIC BCH FL 32233	3.4 CITY-ST-ZIP	<b>DULUTH, MA 01934</b>
TITLE	DVS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, DOUG	4.2 NAME	
STREET ADDRESS	2725 ELISA DRIVE, WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DT JAMES HUTCHINSON</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>59 SOUTH ROSCOE ROAD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D PAAN HUTCHINSON</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>59 SOUTH ROSCOE ROAD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>

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: *Richard C. Lotts* DATE: **07SEP99** (904) 220-5972

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CR2E037 (5/99)