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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004365 (0)

1. Corporation Name

ABIDING LIFE IN CHRIST MINISTRIES, INCORPORATED

Principal Place of Business

4824 EAST DOESKIN LUPE
INVERNESS FL 34452

Mailing Address

4824 EAST DOESKIN LUPE
INVERNESS FL 34452

3. Date Incorporated or Qualified
08/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 4824 E. DOESKIN LOOP

2a. Mailing Address

26 4824 E. DOESKIN LOOP

4. FEI Number

59-3426256

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

City & State

23 INVERNESS FLORIDA

City & State

28 INVERNESS FLORIDA

Zip Country

24 34452-7599 25 USA

Zip Country

29 34452-7599 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
CLARK, JOY E
4824 EAST DOESKIN LUPE
INVERNESS FL 34452

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
CLARK, MARK C
4824 EAST DOESKIN LUPE
INVERNESS FL 34452

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
ROTHSAHN, CONSTANCE
4824 EAST DOESKIN LUPE
INVERNESS FL 34452

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PD
CLARK, JOY E
4824 EAST DOESKIN LOOP
INVERNESS FL 34452-7599

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VD
CLARK, MARK C
4824 EAST DOESKIN LOOP
INVERNESS FL 34452-7599

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

STD
ROTHFAHN, CONSTANCE
4824 EAST DOESKIN LOOP
INVERNESS FL 34452-7599

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 do 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.

CR2E037 (9/96)