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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

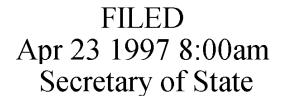
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N96000004365 (0)

ABIDING LIFE IN CHRIST MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address





4824 EAST DOESKIN LUPE INVERNESS FL 34452	4824 EAST DOESKIN LUPE INVERNESS FL 34452				
			3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Repo	ort
2. Principal Place of Business	2a. Mailing Address ,	, ,	4. FEI Number	Applie	ed For
11 4824 E. DOESKIN LOUP	EBY824 E. DOESKIN	u Loop	59-3426256	Not A	pplicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add Fee Requ	
		ORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 Ma Added to F	
	20134452-759930	untry USA		Yes 🔀 No	99.032,
9. Name and Address of Current Re	egistered Agent	1-1-	10. Name and Address of New Reg	gistered Agent	
1		81 Name			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134		83			Ì
		84 City		FL 85 Zip Cod	i i
11. Pursuant to the provisions of Sections 617.0502 ar office or registered agent, or both, in the State of Fagent. I am familiar with, and accept the obligation	nd 617.1508, Florida Statutes, the a	above-named cor	poration submits this statement for the p	urpose of changing its re	egistered
office or registered agent, or both, in the State of F	Florida. Such change was authorize as of Section 617 0503. Florida Sta	ed by the corpora	tion's board of directors. I hereby accep	t the appointment as reg	gistered
4					1
Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registere	ed Agent signature requ	ired when reinstating)	DATE	
12. OFFICERS AND D	IRECTORS 13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS I	N 12
ITILE PD	DELETE 1.17	lure ko	D	Change [	N 12 Addition
NAME CLARK, JOY E	1.2 M	NAME CL	ARK, Joy E 824 EAST DOESKIN	1000	
STREET ADDRESS 4824 EAST DOESKIN LUPE	1.3 \$	STREET ADDRESS 4	824 EAST DOESKING	2001	i.
CITY-ST-ZIP INVERNESS FL 34452	140	CITY-ST-ZIP	NUERNESS FL 344	52-1599	Addition
TITLE VD	DELETE 2.1 T				Addition
NAME CLARK, MARK C	2.24	VAME CL	D ARK, MARK C BBY EAST DOESKIN	0	)
STREET ADDRESS 4824 EAST DOESKIN LUPE	235	STREET ADDRESS 4	BOY EAST DOESKIN	LDOP	
CITY-ST-ZIP INVERNESS FL 34452		CITY-ST-ZIP	UVERNESS FL 34452	2-1599	1
TITLE STD			<del></del>	IVI Obenes	Addition
NAME ROTHSAHN, CONSTANCE		mr Re	STHEAHU CONSTANCE	•	
STREET ADDRESS 4824 EAST DOESKIN LUPE	i i	STREET ADDRESS 4	824 EAST DOESKIN	Loop	1
CITY-ST-ZIP INVERNESS FL 34452		CITY-ST-ZIP	DUERNESS FL 34452	-7599	
TILE	DELETE 4.1 T		000/10c3   C 01/34		Addition
NAME		NAME			
SYREET ADDRESS		Ī			
	■ 43 C	STHEET ANDRESS			
H: Artv.et_910		STREET ADDRESS			
C/IY-SI-ZIP	4.4 (	CITY-ST-ZIP		Change	Addition
TITLE	4.4 C DELETE 5.1 T	CITY-ST-ZIP		Change [	Addition
TITLE NAME	4.44C DELETE 5.11	CITY-ST-ZIP TITLE NAME		☐ Change [	Addition
TITLE NAME STREET ADDRESS	4.4 ( DELETE 5.1 1 5.2 N 5.3 S	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.4 (C	CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4.40 DELETE 5.11 5.21 5.35 5.40 DELETE 6.11	CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE			Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	4.4 ( 5.1 T 5.2 P 5.3 S 5.4 ( 5.2 T 6.1 T 6.2 P	CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  NAME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4.44 DELETE 5.11 5.21 5.35 5.40 DELETE 6.11 6.21	CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE			

n to preserve that the minimation supplied with this mining does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I flurther 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.

MARKET PARTIES CONTRACTOR ON THE STATE OF THE

no 11/1000 /250/120-1400