

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002674 (6)**
1. Corporation Name

FAITH LIFT MINISTRIES, INC.



Principal Place of Business 7012 MANOR BEACH ROAD NEW PORT RICHEY FL 34652	Mailing Address 7012 MANOR BEACH ROAD NEW PORT RICHEY FL 34652
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3. Date Incorporated or Qualified

05/12/1997

4. FEI Number
59-3438827

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALDEN, SR., JOHN D REV.
7012 MANOR BEACH ROAD
NEW PORT RICHEY FL 34652**

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

Rev. John D. Walden, Sr.
Signature, typed or printed name of registered agent and title if applicable

Rev. John D. Walden, Sr.

4/20/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Dr. Larry D. Edwards	
STREET ADDRESS	6300 Runge Forest	
CITY-ST-ZIP	Barnhart, MO 63012	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Bobbie-Jean Benson	
STREET ADDRESS	9914 Whitworth Court	
CITY-ST-ZIP	New Port Richey, FL 34655	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	Mr. Don Benson - Director	<input type="checkbox"/> DELETE
NAME	9914 Whitworth Court	
STREET ADDRESS	New Port Richey, FL 34652	
CITY-ST-ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Mrs. Larry D. Edwards (Ann)	
STREET ADDRESS	6300 Runge Forest	
CITY-ST-ZIP	Barnhart, MO 63012	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Col. (Ret) Vern Greene	
STREET ADDRESS	3012 West Blvd.	
CITY-ST-ZIP	Belleville, IL 62220	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Mrs. Vern Greene (Barbara)	
STREET ADDRESS	3012 West Blvd.	
CITY-ST-ZIP	Belleville, IL 62220	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Bobbie-Jean Benson / *Bobbie-Jean Benson*

4/20/98

CR2E037 (1097)