

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000003322**

1. Corporation Name

**LIFE LINE OF CHRIST MINISTRIES, INC.**

Principal Place of Business

703 WEST CENTRAL BOULEVARD  
ORLANDO FL 32805

Mailing Address

703 WEST CENTRAL BOULEVARD  
ORLANDO FL 32805

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **6327 CRETE COURT**  
Suite, Apt. #, etc.  
27 **ORLANDO, FL.**  
City & State

28 City & State

29 Zip

Country

30 **32818** **ORANGE**

3. Date Incorporated or Qualified

**06/09/1997**

4. FEI Number

**NOT APPLICABLE**

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

**JONES, GWENDOLYN EVANG.**  
**7235 PINION DRIVE**  
**ORLANDO FL 32818**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **DM**  
**NAAB, BLANCHE**  
STREET ADDRESS **703 W. CENTRAL BLVD**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ DELETE

NAME **PD**  
**ROBBINS, SYLVESTER SR**  
STREET ADDRESS **703 WEST CENTRAL BOULEVARD**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ DELETE

NAME **APD**  
**ROBBINS, PATRICIA**  
STREET ADDRESS **6327 CRETE COURT**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ DELETE

NAME **SD**  
**ROBBINS, PARCILLA**  
STREET ADDRESS **703 WEST CENTRAL BOULEVARD**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ DELETE

NAME **TD**  
**DUMAS, MARY**  
STREET ADDRESS **703 WEST CENTRAL BOULEVARD**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**Blanche NAAB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

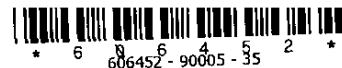
Date

**8-9-99**

Daytime Phone #

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90005 035 \*\*\*\*70.00



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CR2E037 (5/99)