

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 90003 047 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000005837**

1. Corporation Name

**ETERNAL LIFE MINISTRY INTERNATIONAL INC.**

Principal Place of Business

6961 PLACE DE LA PAIX  
SOUTH PASADENA FL 33707

Mailing Address

6961 PLACE DE LA PAIX  
SOUTH PASADENA FL 33707



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3462572

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

NEVINS, PATRICIA  
6961 PLACE DE LA PAIX  
SOUTH PASADENA FL 33707

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **NEVINS, PATRICIA**  
STREET ADDRESS **6961 PLACE DE LA PAIX**  
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE **D** ☒ DELETE

NAME **SHELDON, DIANE**  
STREET ADDRESS **1153 1A RERE DES ROIS**  
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE **D** ☐ DELETE

NAME **REIDY, DANIEL FRANCES**  
STREET ADDRESS **12508 QUEENSLAND LN**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **NANCY ROBINSON**  
1.3 STREET ADDRESS **2940 SMITHFIELD DRIVE**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32837**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **MATTHEW TRACY**  
2.3 STREET ADDRESS **8534 WYTHMERE LANE**  
2.4 CITY-ST-ZIP **ORLANDO, FL 32835**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **MICHELE TRACY**  
3.3 STREET ADDRESS **8534 WYTHMERE LANE**  
3.4 CITY-ST-ZIP **ORLANDO, FL 32835**

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:

*Patricia Nevins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99

Date

Daytime Phone #

727-347 9195

CR2E037 (5/99)