

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000006734 (4)**

1. Corporation Name

LIFE IN THE FAMILY MINISTRIES, INC.



Principal Place of Business 1204 PEACHTREE ST JACKSONVILLE FL 32207	Mailing Address 1204 PEACHTREE ST JACKSONVILLE FL 32207
---	---

3. Date Incorporated or Qualified
12/01/1997

4. FEI Number
59-3480909

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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 ORCUTT, DIANE R 1204 PEACHTREE ST JACKSONVILLE FL 32207	
---	--

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORCUTT, EUGENE	1.2 NAME	
STREET ADDRESS	1204 PEACHTREE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORCUTT, DIANE R	2.2 NAME	
STREET ADDRESS	1204 PEACHTREE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVER, CHAUNCEY	3.2 NAME	
STREET ADDRESS	1302 LAKEWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVER, MARTHA	4.2 NAME	
STREET ADDRESS	1302 LAKEWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUSKEY, NORMAN	5.2 NAME	
STREET ADDRESS	4235 SAN SERVERA DR S	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUSKEY, CHERYL	6.2 NAME	
STREET ADDRESS	4235 SAN SERVERA DR S	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	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: Norman D. McCluskey **Norman D. McCluskey / DIRECTOR** **2/10/98** **904-724-7188**

CR2E037 (10/97)