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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006734

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**



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	3. Date Incorporated or Qualified 12/01/1997 4. FEI Number 59-3480909 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
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	
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	
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	
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	
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	
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, with all other like empowered.

SIGNATURE: *Norman McCluskey* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/8/99 904-737-4494

CR2E037 (11/98)