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NONPROFIT
CORPORATION
ANNUAL REPORT
1996.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19234

(4)

1. Corporation Name

PROJECT LIFE MINISTRIES, INC.

Principal Place of Business

5437 RIVERSIDE DRIVE
PUNTA GORDA FL 33982
US

Mailing Address

P.O. BOX 1251
PUNTA GORDA FL 33982
US



3. Date Incorporated or Qualified
05/12/1988

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HARVEY, DAVID M.
5437 RIVERSIDE DR.
PUNTA GORDA FL 33982

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 PD
NAME HARVEY, DAVID M.
STREET ADDRESS 5437 RIVERSIDE DRIVE
CITY-ST-ZIP PUNTA GORDA FL ☐ DELETE

TITLE STD
NAME HARVEY, GAYLE S.
STREET ADDRESS 5437 RIVERSIDE DRIVE
CITY-ST-ZIP PUNTA GORDA FL ☐ DELETE

TITLE D
NAME HARVEY, KENNETH
STREET ADDRESS 5437 RIVERSIDE DRIVE
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

TITLE Director
NAME Harvey, Kenneth
STREET ADDRESS 5437 Riverside Drive
CITY-ST-ZIP Punta Gorda, FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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5-98-96
5-98-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shyle Harvey, Sec. Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (813)637-0813

CR2E037 (12/95)