FILE NOW: FILING FEE AFTER MAY 1ST IS $650.00

APPROVED AND FILED
98 JUN -3 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997/1998

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

DOCUMENT # S42321

1. Corporation Name
Total Life In Christ, Inc.

Principal Place of Business
1630 Cypress Pointe Dr
Coral Springs, FL 33071

Mailing Address
Same

500002548225-- 3
-06/04/98--01100--002
****315.00 ****315.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

Suite Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified
4-01-91

4. FEI Number
65-0259616
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Humm, Mary Sue
1630 Cypress Pointe Dr
Coral Springs, FL 33071

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Sue Humm, Pres. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Humm, Mary Sue		1.2 NAME	
STREET ADDRESS	1630 Cypress Pointe Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Humm, Philip G.		2.2 NAME	
STREET ADDRESS	1630 Cypress Pointe Drive		2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

AR 6/3/98

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Mary Sue Humm 3/29/98 954-255-1365
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR