

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013108

**Entity Name:** LIFE PREP MINISTRIES, INC.**Current Principal Place of Business:**101 CASPIAN CT  
SANFORD, FL 32773**Current Mailing Address:**101 CASPIAN CT  
SANFORD, FL 32773**FEI Number:** 85-3627484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABT, EDWARD C  
270 E LAKE AVE  
LONGWOOD, FL 32750 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TRES
Name	ABT, EDWARD C
Address	270 E LAKE AVE
City-State-Zip:	LONGWOOD FL 32750

Title	P
Name	GRITTER, JACK E
Address	101 CASPIAN CT
City-State-Zip:	SANFORD FL 32773

Title	VP
Name	CLARK, ANN M
Address	1028 HOWELL HARBOR DR.
City-State-Zip:	CASSELBERRY FL 32707

Title	SEC
Name	RANDALL, KRISTI L
Address	2205 COLDSTREAM DR.
City-State-Zip:	WINTER PARK FL 32792

Title	DIR
Name	KATAUSKAS, BRIAN P
Address	313 MCCLINTOCK ST.
City-State-Zip:	LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD C ABT**TREASURER****04/01/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date