

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003732

Entity Name: LIFELINE GOSPEL MINISTRIES INC.**Current Principal Place of Business:**2401 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309**Current Mailing Address:**2401 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 US**FEI Number:** 65-0471390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALFIERI AND ASSOCIATES, LLC
5143 NW 42 TERRACE
COCONUT CREEK, FL 33073 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 P/D
Name FARQUHARSON, MENDEL RSR.
Address 4280 N W 36 WAY
City-State-Zip: LAUDERDALE LAKES FL 33309

Title T
Name BUESO, MELANIE
Address 9003 S W 18TH STREET
City-State-Zip: MIRAMAR FL 33025

Title D
Name BARNARD, SUSAN
Address 11231 N W 24TH STREET
APT. #8
City-State-Zip: LAUDERDALE BY THYE SEA FL 33308

Title DIRECTOR
Name RUIZ, JAVIER
Address 11231 N W 24TH WAY
City-State-Zip: CORAL SPRINGS FL 33065

Title S
Name COMPERE, MARGO
Address 2701 RIVERSIDE DR #218
City-State-Zip: CORAL SPRINGS FL 33065

Title D
Name CHINELLY, JOHN
Address 2802 N 46TH AVENUE UNIT B-215
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name FARQUHARSON, VIOLET P
Address 4280 NW 36TH WAY
City-State-Zip: LAUDERDALE LAKES FL 33309

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: MENDEL R. FARQUHARSON**PRESIDENT****04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date