

2023 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, PAUL R. P.L.
5114 NW 57 DRIVE
CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33067 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:** PAUL R ALFIERI

01/23/2023

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

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

Title	DIRECTOR
Name	RANKINE-SHAW, CLAREL DIRECTOR.
Address	16598 N W 20TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	PRYCE, SHARON DR.
Address	1377 N W 80TH TERRACE
City-State-Zip:	PLANTATION FL 33322

Title	DIRECTOR
Name	BALOA, ANGEL DR.
Address	9274 S. W. 5 STREET NUMBER C
City-State-Zip:	BOCA RATON FL 33428

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**

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date