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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N45898** (6)

1. Corporation Name

LIFELINE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

5200 S US HWY 17/92
CASSELBERRY FL 32707

Mailing Address

BOX 915347
LONGWOOD FL 32791-2347



3. Date Incorporated or Qualified
11/06/1991

3a. Date of Last Report
03/10/1995

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

10. Name and Address of New Registered Agent

FREEMAN, DANIEL C., JR., CPA
5200 S US HWY 17-92
CASSELBERRY FL 32707

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 **PC ID** ☐ DELETE
NAME **MCCAMMON, GEORGE**
STREET ADDRESS **P.O. BOX 915073**
CITY-ST-ZIP **LONGWOOD FL 32791-0573**

TITLE **T & D** ☐ DELETE
NAME **FREEMAN, DAN**
STREET ADDRESS **5200 S US HWY 17-92**
CITY-ST-ZIP **LONGWOOD FL 32707**

TITLE **VP D** ☐ DELETE
NAME **BRUNO, PAUL**
STREET ADDRESS **608 LONGMEADOW CIR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE
NAME **GODDARD, ED**
STREET ADDRESS **1316 CLASSIC DR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VP** ☒ DELETE
NAME **SILKWORTH, DONNA**
STREET ADDRESS **235 LAKE DESTINY TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ DELETE
NAME **PAYNTER, BILL**
STREET ADDRESS **137 DURHAM PL**
CITY-ST-ZIP **LONGWOOD FL 32779**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

234 RIVER VILLAGE DR
DEBARY, FL 32713

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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 new attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/96 **407/831-2890**

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