

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N45898

1. Corporation Name

Lifeline Ministries International, Inc.

Principal Place of Business (see attachment) Mailing Address (see attachment)

2260 S. Front St. P.O. Box 2554  
#206 Melbourne, FL  
Melbourne, FL 32901 32902-2554

2. Principal Place of Business

21 2260 S. Front St.

2a. Mailing Address

26 P.O. Box 2554

Suite, Apt. #, etc.

22 #206

Suite, Apt. #, etc.

27

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip Country

24 32901

Zip

29 32902-2554

Country

30

3. Date Incorporated or Qualified

Nov. 6, 1991

3a. Date of Last Report

3/23/96

4. FEI Number

59-3092279

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

Freeman, Daniel C, Jr. CPA  
5200 S. US Hwy 17-92  
Casselberry, FL 32707

10. Name and Address of New Registered Agent

81 Name George W. McCammon  
82 Street Address (P.O. Box Number is Not Acceptable)  
2260 S. Front Street  
83 #206  
84 City Melbourne FL 85 Zip Code 32901

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 George W. McCammon George W. McCammon 4/21/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PC                   | <input type="checkbox"/> DELETE |
| NAME           | McCammon, George     |                                 |
| STREET ADDRESS | 234 River Village Dr |                                 |
| CITY-ST-ZIP    | DeBary, FL 32713     |                                 |
| TITLE          | T/Director           | <input type="checkbox"/> DELETE |
| NAME           | Freeman, Dan         |                                 |
| STREET ADDRESS | 5200 S. US Hwy 1792  |                                 |
| CITY-ST-ZIP    | Longwood, FL 32707   |                                 |
| TITLE          | V.P. Director        | <input type="checkbox"/> DELETE |
| NAME           | Bruno, Paul          |                                 |
| STREET ADDRESS | 608 Longmeadow Cir   |                                 |
| CITY-ST-ZIP    | Longwood, FL 32779   |                                 |
| TITLE          | Director             | <input type="checkbox"/> DELETE |
| NAME           | Paynter, Bill        |                                 |
| STREET ADDRESS | 137 Durham           |                                 |
| CITY-ST-ZIP    | Longwood, FL 32779   |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 2260 S. Front St. #206   |
| 1.4 CITY-ST-ZIP    | Melbourne, FL 32901  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | 900002186419 CS  |
| 6.3 STREET ADDRESS | -05/21/97--01047--023 5/17/97  |
| 6.4 CITY-ST-ZIP    | ***61.25   |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George W. McCammon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 407-952-1150  
Date Daytime Phone #

CR2E037 (9/96)