


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45898** (6)

LIFELINE MINISTRIES INTERNATIONAL, INC.



Principal Place of Business <b>2280 S. FRONT ST. #206 MELBOURNE FL 32902-2554</b>	Mailing Address <b>BOX 2554 MELBOURNE FL 32902-2554</b>
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3. Date Incorporated or Qualified <b>11/06/1991</b>	
4. FEI Number <b>59-3092279</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>600 E. New Haven</b> Suite, Apt. #, etc. 22 <b>Melbourne FL</b> City & State 23 <b>Melbourne FL</b> Zip 24 <b>32901</b>	2a. Mailing Address 25 <b>Brevard</b> Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 30
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9. Name and Address of Current Registered Agent <b>MC CAMMON, GEORGE W 2280 S. FRONT STREET #206 MELBOURNE FL 32901</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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. Mc Cammon* **No Change** DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAMMON, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>2280 S. FRONT ST. #206</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32902-2554</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, DAN</b>	2.2 NAME	<b>Shan Cook</b>
STREET ADDRESS	<b>5200 S US HWY 17-92</b>	2.3 STREET ADDRESS	<b>973 Whisperoak Dr.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32707</b>	2.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNO, PAUL</b>	3.2 NAME	<b>Ed Buenci</b>
STREET ADDRESS	<b>808 LONGMEADOW CIR</b>	3.3 STREET ADDRESS	<b>208 Elm Ave.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	3.4 CITY-ST-ZIP	<b>Melbourne, FL 32951</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNTER, BILL</b>	4.2 NAME	<b>Kenneth Jennings</b>
STREET ADDRESS	<b>137 DURHAM PL</b>	4.3 STREET ADDRESS	<b>4745 Corey Rd.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	4.4 CITY-ST-ZIP	<b>Malabar FL 32950</b>
TITLE	<b>Asken</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Lou Asken</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4259 Sparrow Hawk Rd</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Melbourne, FL 32934</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Sherry Shipley</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>8080 142nd St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Sebastian FL 32958</b>

14. I 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. Mc Cammon* **George W. Mc Cammon 4/23 41717208900**

CR2E037 (10/97)