

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90080 045 ****61.25

DOCUMENT # N45898

1. Corporation Name

LIFELINE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

**600 E NEW HAVEN
MELBOURNE FL 32901
US**

Mailing Address

**BOX 2554
MELBOURNE FL 32902-2554**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

11/06/1991

4. FEI Number

59-3092279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MC CAMMON, GEORGE W
2260 S. FRONT STREET #206
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PCD

MCCAMMON, GEORGE

2260 S. FRONT ST. #206

MELBOURNE FL 32902-2554

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

COOK, SHAN

973 WISPEROAK DR

MELBOURNE FL 32901

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD

BUENALI, ED

208 ELM AVE

MELBOURNE FL 32951

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

JENNINGS, KENNETH

4745 COREY RD

MALABAR FL 32950

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ASKEW, LOU

4259 SPARROW HAWK RD

MELBOURNE FL 32934

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SHIPLEY, SHERRY

8080 142ND ST

SEBASTIAN FL 32958

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VPD

PAULA WARWICK

4061 MALLARD DR.

MELBOURNE, FL 32934

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99

407 952 1150

CR2E037 (11/98)