

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 732600

(2)

1. Corporation Name

LOVE OF JESUS MINISTRIES, INC.

Principal Place of Business

**184 ESCON DDO
P.O. BOX 151219
ALTAMONTE SPRINGS FL 32715-8219**

Mailing Address

**184 ESCON DDO
P.O. BOX 151219
ALTAMONTE SPRINGS FL 32715-8219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1975

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1619934

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DODSON, EDITH J.
100 W 30TH STREET
SANFORD FL 32773**

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 607.0502 and 607.1508, 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 607.0505, 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

PD

NAME

LILLY, LOWELL E, JR

STREET ADDRESS

184 ESCONDIDO

CITY - ST - ZIP

ALTAMONTE SPRINGS FL

TITLE

STD

NAME

LILLY, PHYLLIS A.

STREET ADDRESS

184 ESCONDIDO

CITY - ST - ZIP

ALTAMONTE SPRINGS FL

TITLE

VD

NAME

DODSON, EDITH J.

STREET ADDRESS

100 W. 30TH STREET

CITY - ST - ZIP

SANFORD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**D
GINA JOHNSON
4218 OAKRIDGE RD
ORLANDO, FL 32809**

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D
Tom Kelly
111 S.E. 9TH COURT
POMPANO BEACH, FL 33060**

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 on a statement with an address.

SIGNATURE:

Lowell Eugene Lilly, Jr. 4-14-95 407-631-5298