FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 732600 (2)

1. Corporation Name

LOVE OF JESUS MINISTRIES, INC.

Principal Place of Business	Mailing Address
184 ESCON DIDO P.O. BOX 151219 ALTAMONTE SPRINGS FL 32715-8219	184 ESCON DIDO P.O. BOX 151219 ALTAMONTE SPRINGS FL 32715-8219

3. Date Incorporated or Qualified: 04/29/1975
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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: Lowell E Lilly, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 7520 Ridgewood Ave
83 #910
84 City: Cape Canaveral FL 85 Zip Code: 32920

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: Lowell E. Lilly, Jr. — Lowell E. Lilly, Jr. Pres — DATE: 4-4-96
(Signature, typed or printed name of registered agent and, if applicable, title of officer.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LILLY, LOWELL E, JR 184 ESCONDIDO ALTAMONTE SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	7580 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LILLY, PHYLLIS A. 184 ESCONDIDO ALTAMONTE SPRINGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition	7580 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DODSON, EDITH J. 100 W. 30TH STREET SANFORD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, GINA 4218 OAKRIDGE RD ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, TOM 111 SE 9TH CT POMPANO BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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 an attachment with an address.

SIGNATURE: Lowell E. Lilly, Jr. — 4-4-96 — 407-283-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)