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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32715-1219

3. Date Incorporated or Qualified: 04/29/1975
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21: 7580 RIDGEWOOD AVE
Suite, Apt. #, etc. 22: #910
City & State 23: CAPE CANAVERAL, FL
Zip 24: 32920 Country 25: USA

2a. Mailing Address
26: P.O. BOX 487
Suite, Apt. #, etc. 27:
City & State 28: CAPE CANAVERAL, FL
Zip 29: 32920 Country 30: USA

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**

LOWELL E LILLY, JR.
7520 RIDGEWOOD AVENUE
#910
CAPE CANAVERAL FL 32920

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: Lowell Eugene Lilly JR [signature] 4-1-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LILLY, LOWELL E, JR		1.2 NAME		
STREET ADDRESS	7520 RIDGEWOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LILLY, PHYLLIS A.		2.2 NAME		
STREET ADDRESS	7520 RIDGEWOOD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DODSON, EDITH J.		3.2 NAME		
STREET ADDRESS	100 W. 30TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, GINA		4.2 NAME		
STREET ADDRESS	4218 OAKRIDGE RD		4.3 STREET ADDRESS	3664 BANNOCK ST.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	COCOA, FL 32926	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Lowell Eugene Lilly JR Lowell E. Lilly JR 4-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013242