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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
7520 RIDGEWOOD AVE #910 CAPE CANAVERAL FL 32920 US	P.O. BOX 487 CAPE CANAVERAL FL 32920 US

3. Date Incorporated or Qualified: 04/29/1975

4. FEI Number: 59-1619934 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 E. Lilly, Jr. Lowell E. Lilly, JR. 4-17-98
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	3864 BANNOCK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	STEVEN B. STEVENS	
STREET ADDRESS			5.3 STREET ADDRESS	7400 SWEETWATER BRANCH	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WEST CHESTER, OHIO 45069	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	FRED KREIGER	
STREET ADDRESS			6.3 STREET ADDRESS	6666 ODONARD #138	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MADISON, WI 53719	

CR2E037 (10/97)

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: Lowell E. Lilly, JR. Lowell E Lilly, JR. Pres. 4-17-98 407-783-1666