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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732600

1. Corporation Name

LOVE OF JESUS MINISTRIES, INC.

Principal Place of Business

7520 RIDGEWOOD AVE
 #910
 CAPE CANAVERAL FL 32920
 US

Mailing Address

P.O. BOX 487
 CAPE CANAVERAL FL 32920
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/29/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1619934	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐	
				\$5.00 May Be Added to Fees	

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.

DATE

4-13-99

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	3664 BANNOCK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, STEVEN B	5.2 NAME	
STREET ADDRESS	7400 SWEETWATER BRANCH	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER OH 45069	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KREIGER, FRED	6.2 NAME	
STREET ADDRESS	6666 ODONARD #138	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53719	6.4 CITY-ST-ZIP	

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:

Resident 4/13/99 407-783-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)