FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:11

DOCUMENT # **751873** **(1)**

1. Corporation Name
LOVICK MINISTRY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1618 S. HIGHLAND AVE. CLEARWATER FL 34616	1618 S. HIGHLAND AVE. CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1980**
3a. Date of Last Report: **05/17/1994**
4. FEI Number: **59-1983613** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DELARBRE, KEN
1618 S. HIGHLAND AVE.
CLEARWATER FL 34616

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LOVICK, DR. WILLIAM E.	12 NAME	
STREET ADDRESS	1702 TWELVE OAKS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BARRY, MARSHA	22 NAME	
STREET ADDRESS	110 VICTORIA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	TRUSSVILLE AL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MONSKI, ARIA	32 NAME	
STREET ADDRESS	108 CHARLESTON WAY	33 STREET ADDRESS	
CITY ST ZIP	TRUSSVILLE AL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	ZUBLER, ROSEMARIE	42 NAME	
STREET ADDRESS	3714 GRANDVIEW DR. APT 133E	43 STREET ADDRESS	
CITY ST ZIP	SIMPSONVILLE SC	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILSON, BILL	52 NAME	
STREET ADDRESS	4319 RIVER BIRCH DRIVE	53 STREET ADDRESS	
CITY ST ZIP	SPRING HILL FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DELARBRE, KEN	62 NAME	
STREET ADDRESS	1618 S. HIGHLAND AVE.	63 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	64 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)(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 the 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: Aria Monski ARIA MONSKI 3-14-95 856-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000021B