File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # 751873 (1)

PROFIT

LOVICK MINISTRY ASSOCIATION, INC.
1618 S HIGHLAND AVE
CLEARWATER FL 34616-1350

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1980	03/27/1995

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 591983613 — Applied For ☐ Not Applicable ☐

2. Mailing Address	2a. Principle Place of Business
21	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELARBRE, KEN 1618 S. HIGHLAND AVE. CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP	P/D LOVICK, DR. WILLIAM E. 1702 TWELVE OAKS DR. BIRMINGHAM AL	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP	V/D BARRY, MARSHA 929 DUNDIDGE DRIVE BIRMINGHAM AL	2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP	BARRY, MARSHA 5072 SYCAMORE CT. SPRINGHILL, FL 34606
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP	S/D ZUBLER, ROSEMARIE 1441 PARAGON PKWY. BIRMINGHAM AL	3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP	ZUBLER, ROSEMARIE 5406 NOTTING HILL DRIVE BIRMINGHAM, AL 35235
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP	T/D BARRY, DAVID 929 DUNDIDGE DRIVE BIRMINGHAM AL	4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP	BARRY, DAVID 5072 SYCAMORE CT. SPRINGHILL, FL 34606
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP	D WILSON, BILL 4319 RIVER BIRCH DRIVE SPRING HILL FL	5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP	400001825154 -05/16/96--01100--018 ***70.00
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP	D DELARBRE, KEN 1618 S. HIGHLAND AVE. CLEARWATER FL	6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP	5-16-96 JR

14. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Dr William E Lovick DATE 5/07/96

Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
Dr. William E. Lovick	President	(205)856-5160