


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N01064</b> (7) 1. Corporation Name <b>LOVING HANDS MINISTRIES, INC.</b>			
Principal Place of Business <b>1704 11TH ST WEST BRADENTON FL 34205-7637 US</b>		Mailing Address <b>P.O. BOX 1157 BRADENTON FL 34206-1157 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>01/24/1984</b>		3a. Date of Last Report <b>04/08/1996</b>	
4. FEI Number <b>59-2573982</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>WILSON, WENDELL C. 5103 18TH AVENUE W. BRADENTON FL 33529</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WILSON, WENDELL C.		
STREET ADDRESS	9511 36TH AVE. EAST		
CITY - ST - ZIP	PALMETTO FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	WILSON, DORIS J.		
STREET ADDRESS	9511 36TH AVE EAST		
CITY - ST - ZIP	PALMETTO FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LARSON, RONALD		
STREET ADDRESS	3001 RIVERVIEW BLVD W		
CITY - ST - ZIP	BRADENTON FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	BROWN, PAUL A		
STREET ADDRESS	1674 UNIVERSITY PARKWAY #66		
CITY - ST - ZIP	SARASOTA FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	PENNINGTON, GREGORY L.		
STREET ADDRESS	206 43RD STREET W.		
CITY - ST - ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HELLIER, CHARLES J.		
STREET ADDRESS	6022 GLENN ABBY LANE		
CITY - ST - ZIP	BRADENTON FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-6-97 941-747-5283 Date Daytime Phone # 0061666	

CR2E037 (9/96)