

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90035 039 ****70.00

DOCUMENT # N01064

1. Corporation Name

LOVING HANDS MINISTRIES, INC.

Principal Place of Business

1704 11TH ST WEST
BRADENTON FL 34205-7637
US

Mailing Address

P.O. BOX 1157
BRADENTON FL 34206-1157
US



2. Principal Place of Business

21 1710 11th St. West

22 Suite, Apt. #, etc. BRADENTON FL

23 City & State 34205 Bradenton

24 Zip 34205 Country US

2a. Mailing Address

26 P.O. Box 1157

27 Suite, Apt. #, etc.

28 City & State BRADENTON FL

29 Zip 34206 Country US

3. Date Incorporated or Qualified

01/24/1984

4. FEI Number

59-2573982

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

9. Name and Address of Current Registered Agent

WILSON, WENDELL C
5103 18TH AVENUE W.
BRADENTON FL 33529

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WILSON, WENDELL C

STREET ADDRESS 9511 38TH AVE. EAST

CITY-ST-ZIP PALMETTO FL

TITLE D ☐ DELETE

NAME WILSON, DORIS J

STREET ADDRESS 9511 38TH AVE EAST

CITY-ST-ZIP PALMETTO FL

TITLE SD ☐ DELETE

NAME BROWN, PAUL A

STREET ADDRESS 1674 UNIVERSITY PARKWAY #66

CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE

NAME HELIER, CHARLES J

STREET ADDRESS 6022 GLENN ABBY LANE

CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME JERRY ROGERS

1.3 STREET ADDRESS P.O. Box 346

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Wendell C. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 941-747-5683

Date

Daytime Phone #

CR2E037 (11/98)