

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 56

DOCUMENT # **N29405** (0)
1. Corporation Name
LOVE ASSEMBLY OF BOCA RATON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2100 NURSERY RD.
STE. #H3
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified **11/23/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0087124** 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 **9161 64 Way N** 26 **9161 64 Way N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pinellas Park, FL** 27
City & State City & State
23 **Pinellas Park, FL** 28
City & State City & State
24 **34666** 25 **US** 29 **34666** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**O'HARA JOHN P
2100 NURSERY ROAD, H-3
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81 Name **John Hempstead**
82 Street Address (P.O. Box Number is Not Acceptable) **9161 64 Way N**
83
84 City **Pinellas Park FL** 85 Zip Code **34666**

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 **John Hempstead** **John Hempstead Pres.** **1-23-1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PDMD **O'HARA, JOHN P** **2100 NURSERY ROAD** **CLEARWATER FL**
SD **FOOTE, LAUREN A** **1201 SEMINOLE BLVD. SPT. 225** **LAGO FL**
D **PEREZ, DAN** **2225 E 14TH STREET** **BROOKLYN NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PDMD** Change Addition
1.2 NAME **John Hempstead**
1.3 STREET ADDRESS **9161 64 Way N,**
1.4 CITY-ST-ZIP **Pinellas Park, FL 34666**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 an attachment with an address.

SIGNATURE: **John F. Hempstead** **John Hempstead** **1-23-1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **813-545-2273**