FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N43483

(9)

LOVE OF CHRIST MINISTRIES, INC.

						{	IIII BIAN BRUK BH		AN 81811 IVA	
Principal Place of Business Mailing Address					i iaditibi bil nilnit titil geffel iffika	iini atāti ātasi aid	10 201211 (81))))		
3976 VERSAILLES DR. 3976 VERSAILLES DR. ORLANDO FL 32808 ORLANDO FL 32808-2234										
						3. Date Incorporated or Qualified 05/20/1991	3a. Date o	f Last Re 11/198		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-3092197			plied For	
21		26				39-3092 197			t Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State		City & State			······································	6. Election Campaign Financing			May Be	
23]		28				Trust Fund Contribution		Added t		
Zip	Country	Zıp	Cou	ntry		8. This corporation has liability for i	ntangible tax	under s.	199.032,	
24	25	29	30		·····		Yes N			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Age	<u>1t</u>		
				81	Name					
	BRIDGE, AGATHA H.				Street Addr	Address (P.O. Box Number is Not Acceptable)				
	RSAILLES DR.	83								
OHLAND	O FL 32808									
				84	City		FL 8		Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the a	DOV6	-named corp	coration submits this statement for the pation's board of directors. I hereby accept	ourpose of cha	nging it	s registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 617.0503, F	iorida Sta	utes	3.	north board of directors. Thereby access	st trio appoint		rogistoroa	
SIGNATURE .							DATE			
12.	Signature typed or printed harne of registered agent OFFICERS AND		TE Hegistere	d Age	int signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	DP OFFICE NAME	DELETE	1.1 Ti	TLE				Change	Addition	
NAME	MCCAMBRIDGE, AGATHA H.	_	1.2 N		1					
STREET ADORESS	3976 VERSAILLES DR.		1.3 S	1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL	RLANDO FL.		1.4 CITY - ST - ZIP						
TITLE	D	DELETE	2.1 Ţ	TLE				Change	☐ Addition	
NAME	MCCAMBRIDGE, HAROLD	GE, HAROLD		2.2 NAME						
STREET ADDRESS	3976 VERSAILLES DR.			2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-ST-ZIP				Obsesses	Addition	
TITLE	D	☐ DELETE	3.1 Ti		-		u	Change	Addition	
NAME	DUNNING, LYNN		3.2 NAME							
STREET ADDRESS	4023 VERSAILLES DR	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			ADDRESS					
CITY-ST-ZIP	ORLANDO FL	DELETE	3.4. 0 4.1 T		ST-ZIP		П	Change	Addition	
TITLE	D Bartos, Gregory			IAME					***************************************	
NAME STREET ADDRESS	355 NANTIS LOOP				ADDRESS					
CITY-ST-ZIP	APOPKA FL		1		ST-ZIP					
TITLE	D	DELETE	51T					Change	Addition	
NAME	SACHDEVA, PAUL		5.2 N	AME	1					
STREET ADDRESS	4209 ARBOR OAKS COURT		5.3 S	TAEET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL		5.4 City		ST-ZIP					
TITLE		DELETE	6.1 T	TLE			Ц	Change	Addition	
NAME			6.2 N							
STREET ADDRESS			6.3 S	TREET	r address					

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