


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am⁸
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N43483 (9)

1. Corporation Name
LOVE OF CHRIST MINISTRIES, INC.



| | |
|--|--|
| Principal Place of Business 3976 VERSAILLES DR. ORLANDO FL 32808 | Mailing Address 3976 VERSAILLES DR. ORLANDO FL 32808 |
|--|--|

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 05/20/1991 | Applied For Not Applicable |
| 4. FEI Number 59-3092197 | |

| | |
|--|--|
| 2. Principal Place of Business 21 3978 Versailles Dr. Sulte, Apt. #, etc. | 2a. Mailing Address 26 3978 Versailles Dr Sulte, Apt. #, etc. |
| 23 Orlando, Florida City & State | 27 Orlando, Florida City & State |
| 24 32808 Zip 25 Orange Country | 29 32808 Zip 30 Orange Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MCCAMBRIDGE, AGATHA H.
3976 VERSAILLES DR.
ORLANDO FL 32808

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MCCAMBRIDGE, AGATHA H. | |
| STREET ADDRESS | 3976 VERSAILLES DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCAMBRIDGE, HAROLD | |
| STREET ADDRESS | 3976 VERSAILLES DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DUNNING, LYNN | |
| STREET ADDRESS | 4023 VERSAILLES DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARTOS, GREGORY | |
| STREET ADDRESS | 355 NANTIS LOOP | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAOHOEVA, PAUL | |
| STREET ADDRESS | 4200 ARBOR OAKS COURT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | McCambridge, Agatha H | |
| 1.3 STREET ADDRESS | 3978 Versailles Drive | |
| 1.4 CITY-ST-ZIP | Orlando Florida 32808 | |
| 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 | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Benedict Caleb | |
| 3.3 STREET ADDRESS | 4110 Rose Pedal Lane | |
| 3.4 CITY-ST-ZIP | Orlando Florida 32808 | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Agatha H McCambridge Date: July 10, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____

CR2E037 (5/98)