


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90150 049 \*\*\*\*61.25

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|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>                                     |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N43483</b><br>1. Corporation Name<br><b>LOVE OF CHRIST MINISTRIES, INC.</b> |   |  |
| Principal Place of Business<br>3978 VERSAILLES DRIVE<br>ORLANDO FL 32808<br>US            | Mailing Address<br>3978 VERSAILLES DRIVE<br>ORLANDO FL 32808<br>US                |  |



|    |  |  |   |   |   |
|----|--|--|---|---|---|
| 21 | 2. Principal Place of Business<br>3978 Versailles Dr | 2a   | 2a. Mailing Address<br>3978 Versailles Dr | 3   | 3. Date Incorporated or Qualified<br>05/20/1991 |
| 22 | Suite, Apt. #, etc.                                  | 27   | Suite, Apt. #, etc.                       | 4   | 4. FEI Number<br>59-3092197                     |
| 23 | 23 City & State<br>Orlando, Florida                  | 28   | 28 City & State<br>Orlando, Florida       | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 24 | 24 Zip<br>32808                                      | 25   | 25 Country<br>Orange                      | 29  | 29 Zip<br>32808                                 |
| 30 | 30 Country<br>Orange                                 | 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 |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>MCCAMBRIDGE, AGATHA H.<br>3976 VERSAILLES DR.<br>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   |  |
|  |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCAMBRIDGE, AGATHA H              | 1.2 NAME  |  |
| STREET ADDRESS             | 3976 VERSAILLES DR.                | 1.3 STREET ADDRESS                                    | 3978 Versailles Dr.  |
| CITY-ST-ZIP                | ORLANDO FL 32808                   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCAMBRIDGE, HAROLD                | 2.2 NAME  |  |
| STREET ADDRESS             | 3976 VERSAILLES DR.                | 2.3 STREET ADDRESS                                    | 3978 Versailles Dr   |
| CITY-ST-ZIP                | ORLANDO FL                         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CALEB, BENIDICT                    | 3.2 NAME  |  |
| STREET ADDRESS             | 4110 ROSE PEDAL LANE               | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32808                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BARTOS, GREGORY                    | 4.2 NAME  |  |
| STREET ADDRESS             | 355 NANTIS LOOP                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | APOPKA FL                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SACHDEVA, PAUL                     | 5.2 NAME  |  |
| STREET ADDRESS             | 4209 ARBOR OAKS COURT              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 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: Agatha H. McCambridge Date: Jan 27, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)