

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV 27 PM 3:53

DOCUMENT # **N43483**

1. Corporation Name

LOVE OF CHRIST MINISTRIES, INC.

Principal Place of Business 3978 VERSAILLES DRIVE ORLANDO FL 32808 US	Mailing Address 3978 VERSAILLES DRIVE ORLANDO FL 32808 US
---	---



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 7519 Forest City Rd Suite, Apt. #, etc. ORLANDO FL City & State	3. New Mailing Office Address, If Applicable Same Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida 05/20/1991
5. FEI Number 59-3092197	Applied For / Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MCCAMBRIDGE, AGATHA H	3978 VERSAILLES DR	ORLANDO FL 32808
D	MCCAMBRIDGE, HAROLD	3978 VERSAILLES DR	ORLANDO FL
D	CALEB, BENEDICT	4110 ROSE PEDAL LANE	ORLANDO FL 32808
D	BARTOS, GREGORY	355 NANTIS LOOP	APOPKA FL
D	SACHDEVA, PAUL	4209 ARBOR OAKS COURT	ORLANDO FL

8. Name and Address of Current Registered Agent MCCAMBRIDGE, AGATHA H. 3978 VERSAILLES DR. ORLANDO FL 32808	9. Name and Address of New Registered Agent / Name: AGATHA McCAMBRIDGE Street Address (P.O. Box Number is Not Acceptable): 4387 Real Ct Suite, Apt. #, Etc. City: Orlando Fl State: FL Zip Code: 32808
---	---

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: **10/25/00**

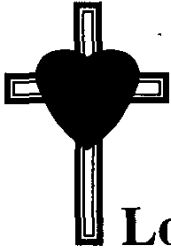
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.04401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** Date: **10/25/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)



Love of Christ Ministries

Pg. 2
N43483

November 20, 2000

Florida Dept of State

Attn: Michelle Milligan

With reference to your letter dated November 8, 2000, we spoke to one of your agents explaining that we moved and had just received your form. She said to send in the \$61.25 and that we would not have to pay a penalty. I am re-submitting my check for \$61.25.

Hoping this will be satisfactory.

Your truly,


Agatha McCambridge