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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N93000004858 ✓✓

1. Corporation Name
LOVE 'N C.A.R.E. MINISTRIES, INC.

* 6 8 5 3 4 5 *
605345 - 90005 - 42

Principal Place of Business	Mailing Address
2845 PARR COURT. W. JACKSONVILLE FL 32216	2845 PARR COURT. W. JACKSONVILLE FL 32216

2. Principal Place of Business	2a. Mailing Address
21 7031 Beach Blvd	26 7031 Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville Fl.	28 Jacksonville Fl.
Zip / Country	Zip / Country
24 32216 - 25 DUVAL	29 32216 30 DUVAL

3. Date Incorporated or Qualified: 10/27/1993

4. FEI Number: 59-3191760 ☐ 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

9. Name and Address of Current Registered Agent

HOLLAND, JOHN
2845 PARR COURT, W.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Virgil LONG
82 Street Address (P.O. Box Number is Not Acceptable): 11631 Brush Ridge Circle S.
83
84 City: Jacksonville FL 85 Zip Code: 32225

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: Virgil Long President — Virgil Long — 8-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLLAND, JOHN 2845 PARR COURT. W. JACKSONVILLE FL 32216	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P.D. LONG, Virgil 11631 Brush Ridge Ci. S Jacksonville, Fl. 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DANCY, FRANK 1708 KEATS RD JACKSONVILLE FL 32208	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD WANDA S. Rogers 7061 Old Kings Rd S #374 Jacksonville, Fl. 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOLLAND, EILEEN 2845 PARR COURT. W. JACKSONVILLE FL 32216	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD Oglesby, David G. 11631 S. Brush Ridge Cir. Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Virgil Long SIGNATURE REQUIRED — 7-12-99 — 904-463-6095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #