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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000001890

1. Corporation Name

LOVE ONE ANOTHER FOREVER MINISTRY, INC.

Principal Place of Business
3781 S.W. 18TH STREET
FORT LAUDERDALE FL 33312

Mailing Address
3781 S.W. 18TH STREET
FORT LAUDERDALE FL 33312



| | | | | | |
|--------------------------------|----|---------------------|----|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/23/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0826268 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

PARKER, THOMAS
933 S.W. 16TH PLACE
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

| | | | |
|----|--|-------------------|----------|
| 81 | Name | PARKER THOMAS | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 3781 S.W. 18TH ST | |
| 83 | | | |
| 84 | City | 85 | Zip Code |
| | FT. LAUDERDALE | FL | 33312 |

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 PARKER THOMAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARKER, THOMAS | 1.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARKER, DOREEN | 2.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, DALE | 3.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, MARSH ELAINE | 4.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, RICARDO JOSEPH | 5.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, DEBORAH SUE | 6.2 NAME | |
| STREET ADDRESS | 3781 S.W. 18TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

954-584-5211

Daytime Phone #

CR2E037 (1/98)