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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000006953

1. Corporation Name
LOVE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 4043 BRANDON FL 33509	P. O. BOX 4043 BRANDON FL 33509

612502-90009-49

2. Principal Place of Business 21 1107 Papaya Drive 22 Suite, Apt. #, etc. N/A 23 City & State Tampa, Florida 24 Zip 33619 25 Country USA	2a. Mailing Address 26 P.O Box 4043 27 Suite, Apt. #, etc. NA 28 City & State Brandon, Florida 29 Zip 33509 30 Country USA	3. Date Incorporated or Qualified 12/09/1998 4. FEI Number — 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

HOLLINGSHED, SYLVIA
3212 CLIFFORD SAMPLE DR.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name N/A
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 _____ 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 T NAME STREET ADDRESS CITY-ST-ZIP	Minister/President Belinda O'Neal Williams 1107 Papaya Drive Tampa	1.1 TITLE T 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Mary Smith Trustee ☐ Change ☐ Addition 4403 Perch Tampa Florida 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP T	Sylvia Hollingshed 3212 Clifford Sample Drive Tampa, FL 33619 Vice President	2.1 TITLE T 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Frances Williams Trustee ☐ Change ☐ Addition 4019 Arch Street Tampa. FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP T	Shenika Williams 5346 Madison Lk Circle Tampa, FL 33619 Secretary	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T	Sylvia Hollingshed 4019 Arch Street Tampa, FL 33607 Treasurer	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME T STREET ADDRESS CITY-ST-ZIP	Trustee	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: Belinda O'Neal Williams 8/13/99 (813) 622-7647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #