FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12:15

DOCUMENT # 723211 (9)

1. Corporation Name
LIVING LOVE CHURCH, INC

Principal Place of Business	Mailing Address
790 790 COMMERCIAL AVENUE COOS BAY OR 97420	790 790 COMMERCIAL AVENUE COOS BAY OR 97420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1972
3a. Date of Last Report: 02/02/1994
4. FEI Number: 94-2277975 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER,GRAHAM C
4122 PINTA CT
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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 President	1.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, SHIRLEY Ken Hayes Jr	1.2 NAME	Deceased
STREET ADDRESS	P.O. BOX 628 N/A 790 Commercial Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COMPTCHE CA COOS Bay, OR 97420	1.4 CITY-ST-ZIP	
TITLE	D Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	MENADIER, DOROTHY	2.2 NAME	
STREET ADDRESS	7650 SW 82ND ST, #H202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCAFFERTY, ROMI	3.2 NAME	
STREET ADDRESS	10609 MICHIGAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN LAKE AZ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, GRAHAM	4.2 NAME	
STREET ADDRESS	4122 PINTA COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D-Vice-President	5.1 TITLE	☐ Change ☐ Addition
NAME	FROBE, MAX	5.2 NAME	
STREET ADDRESS	SFC 14 RR 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	SLOCAN PARK BC CANADA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GLASSMAN, MAX	6.2 NAME	
STREET ADDRESS	44 CHARLES ST. WEST #901	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kenneth Hayes Pres. 3/11/95 (503) 267-4232
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0071A04