

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723211 (9)

1. Corporation Name

LIVING LOVE CHURCH, INC



Principal Place of Business

Mailing Address

790 COMMERCIAL AVE
COOS BAY OR 97420
US

790 COMMERCIAL AVE
COOS BAY OR 97420
US

3. Date Incorporated or Qualified 04/19/1972
3a. Date of Last Report 04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GRAHAM C
4122 PINTA CT
CORAL GABLES FL 33146

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 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

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 P
NAME KEYES, KEN
STREET ADDRESS 790 COMMERCIAL AVE.
CITY-ST-ZIP COOS BAY OR

1.1 TITLE PRESIDENT
1.2 NAME Guy H. Menadier
1.3 STREET ADDRESS 700 COMMERCIAL AVE
1.4 CITY-ST-ZIP Coos Bay OR 97420

TITLE SD
NAME MENADIER, DOROTHY
STREET ADDRESS 7650 SW 82ND ST, #H202
CITY-ST-ZIP MIAMI FL

2.1 TITLE DVP
2.2 NAME MAX FROBE
2.3 STREET ADDRESS SFC 14 RR1
2.4 CITY-ST-ZIP SLOCAN PARK BC CANADA

TITLE D
NAME MCCAFFERTY, ROMI
STREET ADDRESS 10609 MICHIGAN AVENUE
CITY-ST-ZIP SUN LAKE AZ

3.1 TITLE D
3.2 NAME Graham Miller
3.3 STREET ADDRESS 4122 PINTA CT
3.4 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D
NAME MILLER, GRAHAM
STREET ADDRESS 4122 PINTA COURT
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE SD
4.2 NAME Dorothy Menadier
4.3 STREET ADDRESS 7400 SW 82ND K 104
4.4 CITY-ST-ZIP MIAMI FL 33143

TITLE DVP
NAME FROBE, MAX
STREET ADDRESS SFC 14 RR 1
CITY-ST-ZIP SLOCAN PARK BC CANADA

5.1 TITLE D
5.2 NAME Virginia Frobe
5.3 STREET ADDRESS SFC 14 RR1
5.4 CITY-ST-ZIP SLOCAN PARK BC Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

GUY H. MENADIER

GUY H. MENADIER

2-12-96

(541) 269-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)