

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

780 COMMERCIAL AVE  
COOS BAY OR 97420  
US780 COMMERCIAL AVE  
COOS BAY OR 97420-1747  
US3. Date Incorporated or Qualified  
04/19/19723a. Date of Last Report  
02/16/1996

4. FEI Number

94-2277975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Menadier, Dorothy

82 Street Address (P.O. Box Number is Not Acceptable)

7400 SW 82 street K106

83

84 City

Miami

FL

85

Zip Code

33143

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 617.0502, Florida Statutes.

SIGNATURE DOROTHY MENADIER

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

Dorothy Menadier

(NOTE: Registered Agent signature required when reinstating)

1/28/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MENADIER, GUY H	
STREET ADDRESS	700 COMMERCIAL AVE	
CITY - ST - ZIP	COOS BAY OR	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MENADIER, DOROTHY	
STREET ADDRESS	7850 SW 82ND ST, #H202	
CITY - ST - ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GRAHAM	
STREET ADDRESS	4122 PRNTA CT	
CITY - ST - ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GRAHAM	
STREET ADDRESS	4122 PINTA COURT	
CITY - ST - ZIP	CORAL GABLES FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FROBE, MAX	
STREET ADDRESS	SFC 14 RR 1	
CITY - ST - ZIP	SLOCAN PARK BC CANADA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Menadier, Dorothy	
2.3 STREET ADDRESS	7400 SW 82st K106	
2.4 CITY - ST - ZIP	Miami, FL 33143	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frobe, Virginia	
4.3 STREET ADDRESS	SFC 14 RR1	
4.4 CITY - ST - ZIP	SLOCAN PARK BC Canada	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

S.H. M. REQUIRED

1/16/97

541-269-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 541-269-2812

CR2E037 (9/96)