FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

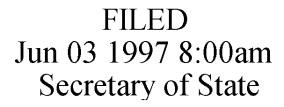
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(2)

LOVE COVENANT FELLOWSHIP, INC.

Principal	Place	of Rus	inacc				

Mailing Address





SARASOTA FL		SARASOTA FL 34232-533	9						
				3. Date Incorporated or Qualified 3a. [Date of Last Report 04/03/1996			
	nclpal Place of Business 2a. Mailing Address			4. FEI Number			Applied For		
21		26				59-1946827		1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	θ	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30					No	
	9. Name and Address of Current	Registered Agent		-al .		10. Name and Address of New Re	gistered	Agent	
				81 1	Vame				
	CHRISTINIA R		ţ	82 5	Street Ad	ddress (P.O. Box Number is Not Acceptal	ole)		
	VRNELL DR.		ļ				·		
SARAS	OTA FL 34232			83					
			-	84 (City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 617,0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	and 617.1508, Florida Statut of Florida. Such change was ions of, Section 617.0503, Fk	es, the ab authorized orida Stati	ove-ration by thutes.	amed corpo	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of pt the app	changing ointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent					quired when reinstating)	DATE		
12.	OFFICERS AND		13.	- regerii o	- gridiare to	ADDITIONS/CHANGES TO OFFIC	1.	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TIT	LE				☐ Change	
NAME	LORIA, CHRISTINIA R		1.2 NA	ME	Ì				
STREET ADDRESS	4583 PARNELL DR.		1.3 ST	REET ADI	DRESS				
CITY-ST-ZIP	SARASTOA FL		1.4 CIT	Y-ST-Z	IP				
TITLE	1	☐ DELETE	2.1 TIT	LE				Change	Addition
NAME	Loria, joe	2.2 N/		ME					
STREET ADDRESS	4583 PARNELL DRIVE	PARNELL DRIVE 23		REET ADE	ORESS				
CITY-ST-ZIP	SARASOTA FL		2. 4 CIT		ZIP				
TITLE	VD	☐ DELETE	3.1 TIT	LE				☐ Change	Addition
NAME	ADDY, CLARENCE		3.2 NA	ME					
STREET ADDRESS	\$128 ELMER STREET		3 3 STF	REET ADO	DRESS				
CITY-ST-ZIP	SARASOTA FL		3.4. CI	TY+ST-Z	!IP				
TITLE	SD	☐ DELETE	4.1 111	LE				☐ Change	☐ Addition
NAME	PERINI, JOSEPH		4. 2 NA	ME					
STREET ADDRESS	8400 26TH STREET WEST		4.3 STF	REET ADO	DRESS				
CITY-ST-ZIP	BRADENTON FL		4.4 CIT	Y - ST - ZI	IP				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NAI	VE					
STREET ADDRESS			5.3 STP	REET ADD	RESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZI	IP L				
TITLE		☐ DELETE	6.1 TITI	LE				☐ Change	Addition
NAME			6.2 NA	ME.					1
STREET ADDRESS			6.3 STR	IEET ADD	RESS				1
CITY-ST-ZIP	onetify that the information available	10 A 2 70 10 10 10 10 10 10 10 10 10 10 10 10 10	6.4 CIT	Y - ST - ZI	P [
						- 1 - 0			

t so nereby certify that the information supplied with this filling 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.