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0060258

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 751678

1. Corporation Name

THE FELLOWSHIP OF LOVE, INC.

Principal Place of Business

VAN CIRCLE  
P. O. BOX 1355  
PAXTON FL 32538

Mailing Address

VAN CIRCLE  
P. O. BOX 1355  
PAXTON FL 32538



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1980

4. FEI Number

59-2551421

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

DANLEY, ANNIE F.  
RT. 2, BOX 235  
LAUREL HILL FL 32567

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 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 *Annie F. Danley*  
Signature, typed or printed name of registered agent and title if applicable

*ANNIE F. DANLEY*  
(NOTE: Registered Agent signature required when reinstating)

*2-19-99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HEMPHILL, JEFF  
STREET ADDRESS  
RT 2, BOX 8-A  
CITY-ST-ZIP  
LAUREL HILL FL

TITLE ☐ DELETE

NAME  
STD  
ADAMS, MILFORD  
STREET ADDRESS  
406 E. 2ND AVENUE  
CITY-ST-ZIP  
FLORALA AL

TITLE ☐ DELETE

NAME  
PD  
HEMPHILL BOBBY J.  
STREET ADDRESS  
1912 N. 5TH ST.  
CITY-ST-ZIP  
FLORALA AL

TITLE ☐ DELETE

NAME  
TD  
DANLEY, ANNIE F.  
STREET ADDRESS  
RT. 2, BOX 235  
CITY-ST-ZIP  
LAUREL HILL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *MILFORD ADAMS* *STD* *2/22/99* *(334-858-6721)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)