

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751873 (1)

1. Corporation Name

LOVICK MINISTRY ASSOCIATION, INC.



Principal Place of Business 1618 S. HIGHLAND AVE. CLEARWATER FL 34616-1350	Mailing Address 1618 S. HIGHLAND AVE. CLEARWATER FL 34616-1350
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3. Date Incorporated or Qualified 04/03/1980
3a. Date of Last Report 05/16/1996

2. Principal Place of Business 21 275 Della Ct Suite, Apt. #, etc. 22 City & State 23 Spring Hill, FL Zip Country 24 FL 34606 25 USA	2a. Mailing Address 26 275 Della Ct Suite, Apt. #, etc. 27 City & State 28 Spring Hill, FL Zip Country 29 34606 30 U.S.A
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4. FEI Number 59-1983613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DELARBRE, KEN 1618 S. HIGHLAND AVE. CLEARWATER FL 34616	10. Name and Address of New Registered Agent 81 Name Marsha Barry 82 Street Address (P.O. Box Number is Not Acceptable) 5072 Sycamore Court 83 84 City Spring Hill FL 85 Zip Code 34607
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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 Marsha Barry Marsha Barry 6-4-97
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVICK, DR. WILLIAM E.	1.2 NAME	David Barry
STREET ADDRESS	1702 TWELVE OAKS DR.	1.3 STREET ADDRESS	5072 Sycamore Court
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, MARSHA	2.2 NAME	
STREET ADDRESS	5072 SYCAMORE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSKI, ARIA	3.2 NAME	Carrie morton
STREET ADDRESS	5406 NOTTING HILL DR.	3.3 STREET ADDRESS	3389 Holly Springs Dr.
CITY-ST-ZIP	BIRMINGHAM AL 35235	3.4 CITY-ST-ZIP	Spring Hill 34607
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUBLER, ROSEMARIE	4.2 NAME	Rev. clay Nauh
STREET ADDRESS	5072 SYCAMORE CT.	4.3 STREET ADDRESS	439 West Ct
CITY-ST-ZIP	SPRINGHILL FL 34606	4.4 CITY-ST-ZIP	Dyersburg, TN. 38024
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	WILSON, BILL	5.2 NAME	
STREET ADDRESS	4319 RIVER BIRCH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DELARBRE, KEN	6.2 NAME	
STREET ADDRESS	1618 S. HIGHLAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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.

CR2E037 (9/96)