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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751873** (1)

1. Corporation Name

LOVICK MINISTRY ASSOCIATION, INC.

Principal Place of Business

**275 DELLA CT.
SPRING HILL FL 34606
US**

Mailing Address

**275 DELLA CT.
SPRING HILL FL 34606
US**

3. Date Incorporated or Qualified

04/03/1980

4. FEI Number

59-1983613

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23
Zip

Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

27
Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARRY, MARSHA
5072 SYCAMORE CT.
SPRING HILL FL 34607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	Danny Stoltz <input checked="" type="checkbox"/> DELETE
NAME	BARRY, DAVID	
STREET ADDRESS	5072 SYCAMORE CT.	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARRY, MARSHA	
STREET ADDRESS	5072 SYCAMORE CT.	
CITY-ST-ZIP	SPRINGHILL FL	

TITLE	SD Margaret Lovick	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, CARRIE	
STREET ADDRESS	3389 HOLLY SPRINGS DR.	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUBLER, ROSEMARIE	
STREET ADDRESS	5072 SYCAMORE CT.	
CITY-ST-ZIP	SPRINGHILL FL 34606	

TITLE	D	Ralph McRinnon <input checked="" type="checkbox"/> DELETE
NAME	NASH, REV. CLAY	
STREET ADDRESS	439 WEST CT.	
CITY-ST-ZIP	DYERSBURG TN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELABRE, KEN	
STREET ADDRESS	1818 S. HIGHLAND AVE.	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Danny Stoltz VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1200 Third Place N.W.
1.3 STREET ADDRESS	B'ham, AL 35215
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	SD Margaret Lovick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1233 Royal Oak Drive
3.3 STREET ADDRESS	Spring Hill, FL 34607
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	Ralph McRinnon D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2528 Ridgewood Ln.
5.3 STREET ADDRESS	Moody, AL 36004
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 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:

Marsha Barry

Marsha Barry

April 16, 1998

CR2E037 (10/97)