

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764674 (8)

1. Corporation Name

LOVE'S VICTORY HOUSE, INC.



Principal Place of Business

3695 WEBBER STREET  
SARASOTA FL 34232  
US

Mailing Address

3141 KEY WAY  
SARASOTA FL 34239  
US

3. Date Incorporated or Qualified  
08/24/1982

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2298404

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARGESHEIMER, BARBARA A.  
3141 KEY WAY  
SARASOTA FL 34239

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	PO	DELETE
NAME	HARGESHEIMER, BARBARA A.	
STREET ADDRESS	3141 KEY WAY	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	DELETE
NAME	CHAMBERLAIN, CHARLES M	
STREET ADDRESS	2021 GREENDALE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	DELETE
NAME	WEBER, LISA D.	
STREET ADDRESS	2959 WEBBER STREET	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	VD	DELETE
NAME	LINZEL, CLAIRE B. L	
STREET ADDRESS	1540 GLEN OAKS DR., B-16	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	SD	DELETE
NAME	COTTRILL, GILCHRIST S	
STREET ADDRESS	4101 FRUITVILLE RD.	
CITY - ST - ZIP	SARASOTA FL	
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	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Barbara A. Hargesheimer

4/29/96

Date

941-951-0090

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)