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Jul 15 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 # **764674** (8)

1. Corporation Name

LOVE'S VICTORY HOUSE, INC.



Principal Place of Business	Mailing Address
3085 WEBBER STREET SARASOTA FL 34232 US	3141 KEY WAY SARASOTA FL 34239-6616 US

3. Date Incorporated or Qualified 08/24/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 438 Golden Gate Dr	25 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sarasota	28 City & State
24 Zip 34236	29 Zip
25 Country	30 Country

4. FEI Number 59-2298404	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HARGESHEIMER, BARBARA A. 3141 KEY WAY SARASOTA FL 34239	

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 Barbara A. Hargesheimer 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARGESHEIMER, BARBARA A.
STREET ADDRESS	3141 KEY WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, CHARLES M
STREET ADDRESS	2021 GREENDALE DR
CITY-ST-ZIP	SARASOTA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WEBER, LISA D.
STREET ADDRESS	2959 WEBBER STREET
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	LINZEL, CLAIRE B. L
STREET ADDRESS	1540 OLEN OAKS DR., B-18
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	COTTRILL, GILCHRIST S
STREET ADDRESS	4101 FRUITVILLE RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1792 Sherwood St. H.
4.3 STREET ADDRESS	Clearwater 34615
4.4 CITY-ST-ZIP	34615
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2330 NASSAU ST. N.
5.3 STREET ADDRESS	VENICE, FL 34205
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 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.

SIGNATURE Barbara A. Hargesheimer

CR2E037 (9/96)