

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 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

**3695 WEBBER STREET
SARASOTA FL 34232
US**

**3141 KEY WAY
SARASOTA FL 34239
US**

DO NOT WRITE IN THIS SPACE

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 21 438 Golden Gate Point Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 Country 25 USA	2a. Mailing Address 26 3141 Key Way Suite, Apt. #, etc. 27 City & State 28 Sarasota Zip 29 34239 Country 30 USA	4. FEI Number 59-2298404	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Michael Hargesheimer
82 Street Address (P.O. Box Number is Not Acceptable) 3141 Key Way
83
84 City SARASOTA FL 85 Zip Code 34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARGESHEIMER, BARBARA A.		1.2 NAME HARGESHEIMER, MICHAEL	
STREET ADDRESS 3141 KEY WAY		1.3 STREET ADDRESS 3141 KEY WAY	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP SARASOTA, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBERLAIN, CHARLES M		2.2 NAME	
STREET ADDRESS 2021 GREENDALE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD KATHY CAROL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEBER, LISA D.		3.2 NAME	
STREET ADDRESS 2959 WEBBER STREET		3.3 STREET ADDRESS 54722 CRESTLAKES BLVD	
CITY-ST-ZIP SARASOTA, FL 00000		3.4 CITY-ST-ZIP SARASOTA, FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINZEL, CLAIRE B. L		4.2 NAME DAWN BIGELOW	
STREET ADDRESS 1540 GLEN OAKS DR., B-16		4.3 STREET ADDRESS Box 49042	
CITY-ST-ZIP SARASOTA, FL 00000		4.4 CITY-ST-ZIP SARASOTA FL 34232	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COTTRILL, GILCHRIST S		5.2 NAME	
STREET ADDRESS 4101 FRUITVILLE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Michael Hargesheimer
SIGNATURE REQUIRED

8-12-97

941-424-0082

CR2E037 (4/97)