

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 858298 (3)
1. Corporation Name
LOVE AND GRACE FELLOWSHIP, INC.



Principal Place of Business: **12400 PLANTATION RD. FT MYERS FL 33912-1346 US**
Mailing Address: **P.O. BOX 7126 FT MEYERS FL 33911-7126**

3. Date Incorporated or Qualified: **11/01/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **73-1162294**
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:
**SHAFER, CARMEN
12400 PLANTATION RD.
FT MYERS FL 33912-1346**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASANSKY, WILLIAM	12 NAME	
STREET ADDRESS	12400 PLANTATION RD.	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	14 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFER, CARMEN A.	22 NAME	
STREET ADDRESS	12400 PLANTATION ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	31 TITLE	EVP D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASANSKY, BEATRICE A	32 NAME	
STREET ADDRESS	12400 PLANTATION RD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	41 TITLE	VP D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, RAMON	42 NAME	
STREET ADDRESS	12400 PLANTATION ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	500001846355 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-05/31/96--01082--023
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 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 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: Carmen A. Shafer Date: 4-17-96 Daytime Phone #: 941-768-1300
CARMEN A. SHAFER

CFR2E037 (12/95)

Handwritten initials and date: 5/21/96