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May 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

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



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

3. Date Incorporated or Qualified 11/01/1983
3a. Date of Last Report 05/31/1996

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|-------------|-------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 73-1162294 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |
| | | | | 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

10. Name and Address of New Registered Agent

SHAFER, CARMEN
12400 PLANTATION RD.
FT MYERS FL 33912-1346

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD BASANSKY, WILLIAM 12400 PLANTATION RD. FT MYERS, FL 00000 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | STD SHAFER, CARMEN A. 12400 PLANTATION ROAD FT. MYERS FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | EVPD BASANSKY, BEATRICE A 12400 PLANTATION RD. FT MYERS FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | VPD DUVALL, RAMON 12400 PLANTATION ROAD FT. MYERS FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 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: CARMEN A. SHAFER 4-28-97 941-768-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066570

CR2E037 (9/96)