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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

F95000002885 (0) **DOCUMENT #**

WORK OF LOVE MINISTRIES, INC.						
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Principal Place of Business Mailing Address					4 (DAILEN IN IN IN ALI) I DAILE WAR! D	ANY BRIN BRILL NIGHT THIRL FRIET REFERRE
1236 S.W. 81ST ST. PO BOX 891024						
OKLAHOMA CITY OK 73139 OKLAHOMA CITY OK 73189-10			89-1024			
-					3. Date Incorporated or Qualified	3a. Date of Last Report
					06/14/1995	07/26/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			73-1235105	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for in	
24	25 9. Name and Address of Curren	1 Parlatered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes 🛂 No
	9. Harrie and Address of Curren	ir uedisteten wäerir	81	Name	10. Name Bijo Address of New Neg	listered Agent
504014	INC OLAUDETTE					
	IRE, CLAUDETTE XWOOD CIRCLE		82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)
	R SPRINGS FL 32708		83			
WINTER	SPRINGS PL 32/00		L1			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida Statu	tes, the above	e-named d	corporation submits this statement for the pu	
office or r	registered agent, or both, in the State	of Florida, Such change was ations of Section 617 0503. El	authorized by orida Statutes	the corpu	corporation submits this statement for the purchasion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE				•		
		+ + ~			Anril 1	4. 1997
SIGNATURE	Signature, typed or printed name of registered age		TE: Registered Age	ant signature r	April 1 equired when reInstating)	DATE
12.	OFFICERS ANI	D DIRECTORS	13.	ant signature r	April 1 equired when reInstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
12. TITLE	OFFICERS ANI		13. 1.1 TITLE	ant signature r	equired when reinstating)	DATE
12. TITLE NAME	OFFICERS ANI PT SCOTT, HELEN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		equired when reinstating)	DATE ERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AND PT SCOTT, HELEN 1236 SW 81ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	equired when reinstating)	DATE ERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT SCOTT, HELEN 1236 SW 81ST OKLAHOMA CITY OK 73139	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S	ADDRESS	equired when reinstating)	CATE ERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PT SCOTT, HELEN 1236 SW 61ST OKLAHOMA CITY OK 73139 V	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE	ADDRESS	equired when reinstating)	DATE ERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND PT SCOTT, HELEN 1238 SW 81ST OKLAHOMA CITY OK 73139 V BONNAIRE, CLAUDETTE	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE 2.2 NAME	ADDRESS ST - ZIP	equired when reinstating)	CATE ERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PT SCOTT, HELEN 1236 SW 81ST OKLAHOMA CITY OK 73139 V BONNAIRE, CLAUDETTE 409 BOXWOOD CIRCLE	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ET - ZIP ADDRESS	equired when reinstating)	CATE ERS AND DIRECTORS IN 12 Change Addition
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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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 23 1997 8:00am

Secretary of State