

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 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 # **F95000002885 (0)**

1. Corporation Name

WORK OF LOVE MINISTRIES, INC.



Principal Place of Business 1236 S.W. 81ST ST. OKLAHOMA CITY OK 73139	Mailing Address PO BOX 891024 OKLAHOMA CITY OK 73189-1024
---	---

3. Date Incorporated or Qualified 06/14/1995	3a. Date of Last Report 07/26/1996
--	--

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

4. FEI Number 73-1235105	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BONNAIRE, CLAUDETTE 409 BOXWOOD CIRCLE WINTER SPRINGS FL 32708	
--	--

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 **Bonnaire, Claudette** **April 14, 1997**
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	PT <input type="checkbox"/> DELETE
NAME	SCOTT, HELEN
STREET ADDRESS	1236 SW 81ST
CITY-ST-ZIP	OKLAHOMA CITY OK 73139
TITLE	V <input type="checkbox"/> DELETE
NAME	BONNAIRE, CLAUDETTE
STREET ADDRESS	409 BOXWOOD CIRCLE
CITY-ST-ZIP	WINTER SPRING FL 32708
TITLE	S <input type="checkbox"/> DELETE
NAME	OLINGHOUSE, KARON
STREET ADDRESS	870 ADARD
CITY-ST-ZIP	RENO NV 89503
TITLE	C <input type="checkbox"/> DELETE
NAME	OLINGHOUSE, JOHN
STREET ADDRESS	870 AKARD
CITY-ST-ZIP	RENO NV 89503
TITLE	VC <input type="checkbox"/> DELETE
NAME	DERBY, KEN
STREET ADDRESS	12302 BEXHILL
CITY-ST-ZIP	HOUSTON TX
TITLE	D <input type="checkbox"/> DELETE
NAME	BONNAIRE, RENALD
STREET ADDRESS	409 BOXWOOD CIRCLE
CITY-ST-ZIP	WINTER SPRING FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Olinghouse, Karon
3.4 CITY-ST-ZIP	500 Queen Way Sparks, NV 89431
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bd Chmn - Director
4.3 STREET ADDRESS	Olinghouse
4.4 CITY-ST-ZIP	500 Queen Way Sparks, NV 89431
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Derby, Ken
5.4 CITY-ST-ZIP	12302 Bexhill Houston, TX 77065
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.

4-14-97

Helen Scott

CR2E037 (9/96)