

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfitt</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N12680 (7)**

1. Corporation Name  
**LOVING HANDS COMMUNITY CHURCH, INC.**



Principal Place of Business <b>1300 - 17TH AVENUE WEST BRADENTON FL 34205</b>	Mailing Address <b>1300 - 17TH AVENUE WEST BRADENTON FL 34205-7141</b>
--	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>12/20/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2611718</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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**

**WILSON, WENDELL C  
1300 17TH AVE W  
BRADENTON FL 34205**

**10. Name and Address of New Registered Agent**

**81 Name: DYSON, TIMOTHY J.**  
**82 Street Address (P.O. Box Number is Not Acceptable): 1300 17th AVE. W.**  
**83**  
**84 City: BRADENTON FL 85 Zip Code: 34205**

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 *Timothy J. Dyson* **PRESIDENT** DATE **4-29-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>WILSON, WENDELL C</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>9511 38TH AVE EAST</b>	CITY-ST-ZIP <b>PALMETTO FL</b>	
TITLE <b>D</b>	NAME <b>ZIMMERMANN, TERRENCE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>4224 1ST AVE NE</b>	CITY-ST-ZIP <b>BRADENTON FL</b>	
TITLE <b>SD</b>	NAME <b>SEIBERT, THOMAS L</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>7513 38TH ST., CIR., E</b>	CITY-ST-ZIP <b>BRADENTON FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>D</b>	1.2 NAME <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>5114 WEDGE CTE</b>	1.4 CITY-ST-ZIP <b>BRADENTON, FL 34208</b>	
2.1 TITLE <b>D</b>	2.2 NAME <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>SHERRI D. DYSON</b>	2.4 CITY-ST-ZIP <b>5114 WEDGE CTE BRADENTON FL 34208</b>	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)