

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15517** (8)

1. Corporation Name

LOVE & GRACE FELLOWSHIP OF HOMESTEAD, FLORIDA, INC.



Principal Place of Business

Mailing Address

155 N.E. 15TH STREET
HOMESTEAD FL 33030

155 N.E. 15TH STREET
HOMESTEAD FL 33030

3. Date Incorporated or Qualified
06/19/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0435150

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, JOSE D.
26467 S. W. 126TH AVENUE
HOMESTEAD FL 33032**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | TD RAMIREZ, JOSE 26467 SW 126TH AVE HOMESTEAD FL | <input type="checkbox"/> DELETE | 1.1 TITLE V.D RAMIREZ, JOSE D. 26467 S.W. 126TH AVE HOMESTEAD, FL. 33032 |
| NAME | DS HOLT, PHILLIS 7315 NW 57TH CT. TAMARAC FL | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE D GEORGE GOINS 16941 S.W. 298 ST. HOMESTEAD, FL. 33030 |
| STREET ADDRESS | D POWELL, WILLIAM S. 29045 SW 157TH AVE. HOMESTEAD FL | <input type="checkbox"/> DELETE | 3.1 TITLE DS POWELL, WILLIAM S. 29045 S.W. 157TH AVE HOMESTEAD, FL. 33030 |
| CITY-ST-ZIP | PD DUNN, PASTOR GLENN 19741 SW 89TH AVE. MIAMI FL | <input type="checkbox"/> DELETE | 4.1 TITLE TD NAVAR, ROBERT 9350 MARINE DR MIAMI, FL. 33189 |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.2 NAME |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.2 NAME |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.2 NAME |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 96 305-2457621
Date Daytime Phone #

CR2E037 (12/95)