


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32352** (9)

1. Corporation Name

**LOVE NOTES MINISTRIES, INC.**

Principal Place of Business

**C/O ROBISON R. HARRELL  
3 CLIFFORD DR.  
SHALIMAR FL 32579-1250**

Mailing Address

**C/O ROBISON R. HARRELL  
3 CLIFFORD DR.  
SHALIMAR FL 32579-1250**



3. Date Incorporated or Qualified **05/17/1989** 3a. Date of Last Report **05/13/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2969972</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**HARRELL, ROBISON R.  
3 CLIFFORD DRIVE  
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, ROBISON R.</b>	1.2 NAME	
STREET ADDRESS	<b>3 CLIFFORD DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHALIMAR FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, LONNETE E.</b>	2.2 NAME	
STREET ADDRESS	<b>39 MEIGS DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHALIMAR FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCK, LINDA S.</b>	3.2 NAME	
STREET ADDRESS	<b>413 CANTERBURY COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WALTON BCH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SURRATT, JACKIE</b>	4.2 NAME	
STREET ADDRESS	<b>94 CUTTER LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHALIMAR FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, EDITH</b>	5.2 NAME	
STREET ADDRESS	<b>698 SHREWBURY RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARY ESTHER FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 914-651-1111

Date Daytime Phone # 0074724

CR2E037 (9/96)