

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32352

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/17/1989

4. FEI Number

59-2969972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME HARRELL, ROBISON R.
STREET ADDRESS 3 CLIFFORD DR.
CITY-ST-ZIP SHALIMAR FL

TITLE VD
NAME HARRELL, LONNETE E.
STREET ADDRESS 39 MEIGS DR.
CITY-ST-ZIP SHALIMAR FL

TITLE SD
NAME BUCK, LINDA S.
STREET ADDRESS 413 CANTERBURY COURT
CITY-ST-ZIP FT. WALTON BCH FL

TITLE TD
NAME SURRATT, JACKIE
STREET ADDRESS 94 CUTTER LANE
CITY-ST-ZIP SHALIMAR FL

TITLE D
NAME MATHIS, EDITH
STREET ADDRESS 698 SHREWBURY RD.
CITY-ST-ZIP MARY ESTHER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Strock, Mary
1.3 STREET ADDRESS 648 Country Club Avenue
1.4 CITY-ST-ZIP Ft. Walton Beach, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

850-651-3210

CR2E037 (1.1/98)