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**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34072

(1)

1. Corporation Name

LOVE IS FOR ETERNITY, INC.

Principal Place of Business

Mailing Address

MISSION HILLS PLAZA
2915 SR 590, STE 18
CLEARWATER FL 34619
US

MISSION HILLS PLAZA
2915 SR 590, STE 18
CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2982612	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 901 LENNOX RD W	2a. Mailing Address 26 901 LENNOX RD WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22 Palm Harbor FL	City & State 27 Palm Harbor FL
Zip 23 34683	Zip 28 34683
Country 25 PANAMA	Country 30 PANAMA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOONE, GAYLE H.
901 LENNOX RD WEST
PALM HARBOR FL 34683

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP & T	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODGER, GARY	1.2 NAME	GOODGER, GARY
STREET ADDRESS	1754 KINSMERE DR	1.3 STREET ADDRESS	1754 KINSMERE DR.
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	NEW PORT RICHEY, FL
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	GIROUX, JOANNE	2.2 NAME	HOONE GAYLE
STREET ADDRESS	354 LOS PRADOS DR	2.3 STREET ADDRESS	901 LENNOX RD. W
CITY - ST - ZIP	SAFETY HARBOR FL	2.4 CITY - ST - ZIP	PALM HARBOR, FL
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOONE, GAYLE	3.2 NAME	DS
STREET ADDRESS	901 LENNOX RD WEST	3.3 STREET ADDRESS	MCCUTCHEON, PASTOR J.
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	10936 ASTER AVE
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCUTCHEON, PASTOR J	4.2 NAME	
STREET ADDRESS	10936 ASTER AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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] DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
Date

(813) 943-8892
Telephone Number