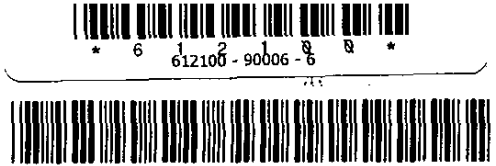


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N35037					
1. Corporation Name LOVE AND GRACE FAMILY CHURCH, INC.					
Principal Place of Business 3049 MCGREGOR BLVD FT MYERS FL 33901 US			Mailing Address 3049 MCGREGOR BLVD FT MYERS FL 33901 US		



2. Principal Place of Business 21 12400 Plantation Road		2a. Mailing Address 26 12400 Plantation Road		3. Date Incorporated or Qualified 10/31/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0150686	
City & State 23 Ft. Myers, FL		City & State 28 Ft. Myers, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 33912		Country 25 Lee		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HAIGHT, DANIEL J. 7767 CAMERON CIRCLE FT. MYERS FL 33912				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 Joseph A. Haight, Secy DATE 8/30/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HAIGHT, DANIEL J			1.2 NAME			
STREET ADDRESS	7767 CAMERON CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			1.4 CITY-ST-ZIP			
TITLE	DS	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	HAIGHT, JOSELYN A			2.2 NAME			
STREET ADDRESS	7767 CAMERON CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33901			2.4 CITY-ST-ZIP			
TITLE	DV	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	DELEACAES, PASQUALE			3.2 NAME			
STREET ADDRESS	3074 MCGREGOR BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33901			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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: Joseph A. Haight, Secy Date 8/30/99 Daytime Phone # 941-768-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)