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).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Sep 02, 1999 8:00 am
Secretary of State
09-02-1999 90006 006 ****61.25

DOCUMENT # N35037

1. Corporation Name
LOVE AND GRACE FAMILY CHURCH, INC.

Principal Place of Business	Mailing Address
3049 MCGREGOR BLVD FT MYERS FL 33901 US	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 Qualifed 10/31/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0150686 ☐ Applied For ☐ Not Applicable
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33912 25 Lee	Zip / Country 29 33912 30 Lee	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAIGHT, DANIEL J. 7767 CAMERON CIRCLE FT. MYERS FL 33912	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 Joselyn A. Haight Secy. 8/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: Joselyn A. Haight Joselyn A. Haight 8/30/99 941-768-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)