

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N38023** (0)

1. Corporation Name  
**GOD IS LOVE MINISTRY, INC.**



Principal Place of Business  
**609 SHORT ST  
PLANT CITY FL 33566-6141**

Mailing Address  
**609 SHORT ST  
PLANT CITY FL 33566-6141**

3. Date Incorporated or Qualified <b>05/04/1990</b>	3a. Date of Last Report <b>03/27/1995</b>
4. FEI Number <b>65-0212734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

## 9. Name and Address of Current Registered Agent

**DAVIS, JOHN, SR.  
609 SHORT ST  
PLANT CITY FL 33566**

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

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 officer 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 (If title Registered Agent Signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DAVIS, JOHN, SR. 609 SHORT ST PLANT CITY FL 33566	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN, SR.	12 NAME	
STREET ADDRESS	609 SHORT ST	13 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	14 CITY-ST-ZIP	
TITLE	VP DAVIS, DARRYL 609 SHORT ST PLANT CITY FL 33566	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DARRYL	22 NAME	
STREET ADDRESS	609 SHORT ST	23 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	24 CITY-ST-ZIP	
TITLE	D DAVIS, CATHYE 609 SHORT ST PLANT CITY FL 33566	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CATHYE	32 NAME	
STREET ADDRESS	609 SHORT ST	33 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	34 CITY-ST-ZIP	
TITLE	T DAVIS, ERNESTINE 609 SHORT ST PLANT CITY FL 33566	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ERNESTINE	42 NAME	
STREET ADDRESS	609 SHORT ST	43 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	44 CITY-ST-ZIP	
TITLE	D GLOVER, PATRICA 609 SHORT ST PLANT CITY FL 33566	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, PATRICA	52 NAME	
STREET ADDRESS	609 SHORT ST	53 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	54 CITY-ST-ZIP	
TITLE	DS DAVIS, BRENDA 609 SHORT ST PLANT CITY FL 33566	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BRENDA	62 NAME	
STREET ADDRESS	609 SHORT ST	63 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	64 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 119.07(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: *Brenda Lee Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96 1813752-6472  
Date: Daytime Phone:

CR2E037 (12/95)