


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 2208 W. REYNOLDS ST. PLANT CITY FL 33566			Mailing Address 609 S. SHORT ST. PLANT CITY FL 33566 S		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0212734	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DAVIS, ERNESTINE 609 SHORT ST PLANT CITY FL 33566				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE Ernestine Davis Agent				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE 1/15/98				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		P		1.1 TITLE	
NAME		DAVIS, JOHN, SR.		1.2 NAME	
STREET ADDRESS		609 SHORT ST		1.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		1.4 CITY-ST-ZIP	
TITLE		VP		2.1 TITLE	
NAME		DAVIS, DARRYL		2.2 NAME	
STREET ADDRESS		609 SHORT ST		2.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		2.4 CITY-ST-ZIP	
TITLE		D		3.1 TITLE	
NAME		DAVIS, CATHYE		3.2 NAME	
STREET ADDRESS		609 SHORT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		3.4 CITY-ST-ZIP	
TITLE		T		4.1 TITLE	
NAME		DAVIS, ERNESTINE		4.2 NAME	
STREET ADDRESS		609 SHORT ST		4.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		4.4 CITY-ST-ZIP	
TITLE		D		5.1 TITLE	
NAME		GLOVER, PATRICA		5.2 NAME	
STREET ADDRESS		609 SHORT ST		5.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		5.4 CITY-ST-ZIP	
TITLE		DS		6.1 TITLE	
NAME		DAVIS, BRENDA		6.2 NAME	
STREET ADDRESS		609 SHORT ST		6.3 STREET ADDRESS	
CITY-ST-ZIP		PLANT CITY FL 33566		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.

SIGNATURE: Ernestine Davis Agent 1/15/98 813-752-6472

CR2E087 (10/97)