

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41133 (2)**  
1. Corporation Name  
**MISSION OF LOVE COMMUNITY CHURCH, INC.**



Principal Place of Business 1109 E. OSBORNE AVE. TAMPA FL 33610 US	Mailing Address 1109 E. OSBORNE AVE. TAMPA FL 33603-4025 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1990	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3051487	Applied For Not Applicable
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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, MARY J. 2008 E. BROAD STREET TAMPA FL 33605</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	PD	1.1 TITLE	PD
NAME	CARVER, MELVIN	1.2 NAME	CARVER, MELVIN
STREET ADDRESS	2720 CEDARCREST PL	1.3 STREET ADDRESS	1209 ENGLISH BLUFFS CT,
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	BRANDON, FL. 33511
TITLE	TD	2.1 TITLE	TD
NAME	STEPHENS, JAMES	2.2 NAME	NEVERSON, OSCAR
STREET ADDRESS	10250 EBERT ROAD	2.3 STREET ADDRESS	1515 LEDGESTONE DR.
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	BRANDON, FL. 33511
TITLE	SD	3.1 TITLE	SD
NAME	CHARLES GRANT	3.2 NAME	JOHNSON, KEITH
STREET ADDRESS	8501 N 50TH ST APT 1809	3.3 STREET ADDRESS	4413 SNAPPER
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33617
TITLE	D	4.1 TITLE	
NAME	SMITH, MARY J.	4.2 NAME	
STREET ADDRESS	2008 E. BROAD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *M. J. Smith* DATE: *4/28/97*

CR2E037 (9/96)