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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Mailing Address
1109 E. OSBORNE AVE. TAMPA FL 33610 US	1109 E. OSBORNE AVE. TAMPA FL 33603-4025 US



3. Date Incorporated or Qualified 11/16/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3051487	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARY J.
2008 E. BROAD STREET
TAMPA FL 33605

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

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	PD	1.1 TITLE	PD
NAME	CARVER, MELVIN	1.2 NAME	CARVER, MELVIN
STREET ADDRESS	2720 CEDARCREST PL	1.3 STREET ADDRESS	1209 ENGLISH BLVD 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

4/28/97

CR2E037 (9/96)