FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:26

DOCUMENT # N42153 (9)

1. Corporation Name

THEE LOVE CONNECTION MINISTRIES, INC.

Principal Place of Business	Mailing Address
337 SW 15 ST. DANIA FL 33004	337 SW 15 ST. DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1991
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0242711 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

DARRINGTON, DELORES
337 SW 15 ST.
DANIA FL 33004

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: DARRINGTON, DELORES Delores Darrington 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where entering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DARRINGTON, DELORES	1.2 NAME	
STREET ADDRESS	337 SW 15 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GILMORE, LOIS C.	2.2 NAME	
STREET ADDRESS	5710 N. MIAMI AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, LILLIAN	3.2 NAME	
STREET ADDRESS	2104 CYPRESS BEND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	D ☐ Change ☐ Addition
NAME	~~SENSABAUGH, BARBARA~~	4.2 NAME	Knowles, Thelma
STREET ADDRESS	~~337 SW 15 ST.~~	4.3 STREET ADDRESS	17000 NW 67 Ave. #414
CITY-ST-ZIP	~~DANIA FL~~	4.4 CITY-ST-ZIP	Miami Lakes, FL. 33015
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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: Delores Darrington 3/13/95 (305) 926-6023
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
DARRINGTON, DELORES