## FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT

1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N42153	(9
THEE LOVE CONNE	CTION MINISTRIES, INC.	

Principal Place of Business Mailing Address 337 SW 15 ST: 937 SW 15 ST. DANIA FL 93004 DANIA FL 33004 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1991 03/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For  $u \omega$  ।। $\underline{a}_{\mu}$  $M_{\mathcal{M}}$ 65-0242711 |21| 839 ^ 26 103 202 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired MIAMI 27 #202 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 NIAMI Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for Intangible tax under s. 199.032, 33169 24 DAde 29 30 9640 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DARRINGTON, DELORES Street Address (P.O. Box Number is Not Acceptable) 82 237 SW 15 ST. 103 NW 202 TERR. #202 83 PANIA FL 33004 MiAMI, 71, 33169 84 City 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 end title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP+ Ken Agent DP- Req. AgenT TITLE DELETE 11 TITLE Addition Change DeloRes DARRINGTON
103 nw 202 TERR, # 202 NAME DARRINGTON DELORES 12 NAME 337 SW 15 ST (AddRess CHARGE STREET ADDRESS 1.3 STREET ADDRESS ĐÁNIA FL 00/14 miami, 71.33169 CITY-ST-ZiP 1.4 CITY-ST-ZIP THILE DELETE Change 2.1 TITLE Burley Knowles Addition NAME CHLMORE, LOIS C. 2.2 NAME STREET ADDRESS 5710 R. MIAMI AVE. CAROL CTTY, 71. 33055 2.3 STREET ADDRESS CITY-ST-ZIP miámi fl 2. 4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE Change NAME SAUNDERS, LILLIAN 3.2 AME STREET ADDRESS 2104 CYPRESS BEND DR. TREET ADDRESS POMPANO BEACH FL CITY-ST-7tP ITY-ST-ZIP DELETE TITLE ■ Addition TLE Change NAME KNOWLES, THELMA **AMF** 17000 NW 67 AVE. #414 STREET ADDRESS REET ADDRESS CITY-ST-ZIP MIAMI LAKES FL Y-ST-ZIP DELETE THE ιĒ Change ☐ Addition NAME STREET ADDRESS EET ADDRESS CHTY-ST-ZIP Y-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a certify that the information indicated on this annual report or supplemental annual report of that I am an officer or director of the corporation or the receiver or trustee emporation. appears in Block 12 or Block 13 if changed, or on an attachment with an address

TITLE

STHEET ADDRESS

CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further is true and accurate and that my signature shall have the same legal effect as if made under ared to execute this report as required by Chapter 617, Florida Statutes; and that my name

Change

Addition

ARRington Date SIGNATURE:

ME

REET ADDRESS

TY-ST-ZIP

DELETE

2 **CR2E037**