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 -9 AM 9:09

DOCUMENT # N44429 (1)

1. Corporation Name
BOUNDLESS LOVE CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5075 ROUTE 218 MIDDLEBURG FL 32068	5075 ROUTE 218 MIDDLEBURG FL 32068

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-3075678 ☐ 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	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELLERS, MARK A
5078 RT 218
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5075 RT 218
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 _____ 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SELLERS, MARK A	1.2 NAME		
STREET ADDRESS	2502 HALPERNS WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HEARD, JAMES	2.2 NAME	Drury, Leroy	
STREET ADDRESS	2669 DRAKE LOOP	2.3 STREET ADDRESS	5499 Big Branch Rd	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Middleburg FL	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	MCCALL, WILLIAM J.	3.2 NAME	Wilson Donald R	
STREET ADDRESS	P.O. BOX 572 N/A	3.3 STREET ADDRESS	335 NW Berea Ave	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	Keystone HTS FLA	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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: Marla Sellers - Mark A Sellers 3-3-95 (904) 291-1979
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023806