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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44429** (1)

1. Corporation Name

BOUNDLESS LOVE CHURCH, INC.



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
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4. FEI Number	59-3075678	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
LYON, RICHARD M 5075 CR 218 MIDDLEBURG FL 32068

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	LYON, RICHAD M	1.2 NAME	Lyon, Richard M.
STREET ADDRESS	6346 COLLINS RD PO BOX 7693	1.3 STREET ADDRESS	6346 Collins Rd. P.O. Box 7693
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32238
TITLE	D	2.1 TITLE	Director
NAME	DRURY, LEROY	2.2 NAME	Sellers, Gene
STREET ADDRESS	5493 BIG BRANCH RD	2.3 STREET ADDRESS	2502 Halperns Way
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	D	3.1 TITLE	
NAME	RONCONE, PETER	3.2 NAME	
STREET ADDRESS	2545 PRIMROSE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BOWSER, LINDA	4.2 NAME	
STREET ADDRESS	1994 ROSE RIDGE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	FARMER, DONNA	5.2 NAME	
STREET ADDRESS	2860 SPRING DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard M. Lyon* 1-20-98 (94) 291-1979

CR2E037 (10/97)