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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44429

1. Corporation Name

BOUNDLESS LOVE CHURCH, INC.

Principal Place of Business

5075 ROUTE 218
MIDDLEBURG FL 32068

Mailing Address

5075 ROUTE 218
MIDDLEBURG FL 32068



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 2751 Blanding Blvd.
23 Middleburg, FL
24 32068 25 Clay

2a. Mailing Address

26 Suite, Apt. #, etc.
27 P.O. Box 2179
28 Middleburg, FL
29 32050 30 Clay

3. Date Incorporated or Qualified

07/25/1991

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

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 **OWEN, Robert C**
82 Street Address (P.O. Box Number is Not Acceptable)
2751 Blanding Blvd
83
84 City **Middleburg** FL 85 Zip Code **32068**

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 **5/4/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LYON, RICHAD M	
STREET ADDRESS	6346 COLLINS RD PO BOX 7693	
CITY-ST-ZIP	JACKSONVILLE FL 32238	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, GENE	
STREET ADDRESS	2502 HALPERNS WAY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RONCONE, PETER	
STREET ADDRESS	2545 PRIMROSE AVE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOWSER, LINDA	
STREET ADDRESS	1994 ROSE RIDGE CT	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FARMER, DONNA	
STREET ADDRESS	2860 SPRING DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Duane D. Diggs
1.4 CITY-ST-ZIP	1752 Treeland Avenue Middleburg, FL 32068
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Dwayne Dobbs
2.4 CITY-ST-ZIP	1535 Pawnee St Orange Park, FL 32065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T
3.3 STREET ADDRESS	Donna Farmer
3.4 CITY-ST-ZIP	2860 Spring Dr. Middleburg, FL 32068
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	OWEN, Robert C
4.4 CITY-ST-ZIP	2751 Blanding Blvd Middleburg FL 32068
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/99 (944) 291-1979

CR2E037 (11/98)

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