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May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N920000Q0731 (1)

1. Corporation Name

LOVE WORKS HOMELESS MINISTRY, INC.



Principal Place of Business Mailing Address  
909 NORTHERN DRIVE 909 NORTHERN DRIVE  
LAKE PARK FL 33403 LAKE PARK FL 33404  
US US

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 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
12/09/1992  
4. FEI Number 65-0484209 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
COLLINS, MARGARET  
909 NORTHERN DRIVE  
LAKE PARK FL 33403  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PC  
NAME COLLINS, MARGARET K  
STREET ADDRESS 909 NORTHERN DR  
CITY-ST-ZIP LAKE PARK FL 33403  
TITLE ST  
NAME HUEY, YVONNE  
STREET ADDRESS 336 GOLF VIEW RD. APT 902  
CITY-ST-ZIP NORTH PALM BEACH FL  
TITLE 1VP  
NAME MCCLEAVE, MARTHA  
STREET ADDRESS 1306 - 13TH COURT  
CITY-ST-ZIP PALM BEACH GARDENS FL  
TITLE D  
NAME BOISUERT, FRANCES  
STREET ADDRESS 3035 S MILITARY TRAIL  
CITY-ST-ZIP LAKE WORTH FL  
TITLE D  
NAME BARBER, ROBERT  
STREET ADDRESS 13330 ST TROPEZ CIR  
CITY-ST-ZIP PALM BEACH GARDENS FL  
TITLE D  
NAME MANTAS, SARA JANE  
STREET ADDRESS 1311 13TH TERR AVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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.

SIGNATURE [Signature] 5-4-98

CR2E037 (10/97)