

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90002 020 \*\*\*\*70.00

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1. Corporation Name

LOVE WORKS HOMELESS MINISTRY, INC.

Principal Place of Business

909 NORTHERN DRIVE  
LAKE PARK FL 33403  
US

Mailing Address

909 NORTHERN DRIVE  
LAKE PARK FL 33404  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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 ☐ DELETE

NAME COLLINS, MARGARET K  
STREET ADDRESS 909 NORTHERN DR  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ST ☒ DELETE

NAME HUEY, YVONNE  
STREET ADDRESS 336 GOLF VIEW RD. APT 902  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE 1VP ☒ DELETE

NAME MCCLEAVE, MARTHA  
STREET ADDRESS 1306 - 13TH COURT  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME BOISUERT, FRANCES  
STREET ADDRESS 3035 S MILITARY TRAIL  
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE

NAME BARBER, ROBERT  
STREET ADDRESS 13330 ST TROPEZ CIR  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Margaret Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)