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 MAY -1 AM 10:54

DOCUMENT # **N93000003452 (0)**

1. Corporation Name

FIRST LOVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
334 PINE GLEN CT. ENGLEWOOD FL 34223	334 PINE GLEN CT. ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0430398 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACRIS, STEVEN W 609 S. TAMIAMI TRAIL VENICE FL 34285	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 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	11 TITLE	☒ Change ☐ Addition
NAME	LAURIE, OSCAR	12 NAME	REMOVE OSCAR LAURIE
STREET ADDRESS	318 PINE HOLLOW CR.	13 STREET ADDRESS	AS DIRECTOR - HE IS DECEASED
CITY-ST-ZIP	ENGLEWOOD FL 34223	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DUFF, ERNIE	22 NAME	
STREET ADDRESS	934 CAPRI ISLES BLVD., #208	23 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	WILSON, ALEX	32 NAME	WILSON, ALEX
STREET ADDRESS	1709 KEYWAY RD.	33 STREET ADDRESS	REMOVE
CITY-ST-ZIP	ENGLEWOOD FL 34223	34 CITY-ST-ZIP	
TITLE		41 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		42 NAME	FIORE, ANTHONY
STREET ADDRESS		43 STREET ADDRESS	334 PINE GLEN COURT
CITY-ST-ZIP		44 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE		51 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		52 NAME	HERING, EUGENE
STREET ADDRESS		53 STREET ADDRESS	1027 ARON CIRCLE
CITY-ST-ZIP		54 CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR Date

0042667