

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000004823 (1)

1. Corporation Name

LOVE AND UNITY CHRISTIAN CENTER INC.

Principal Place of Business

Mailing Address

3333 W ATLANTIC BLVD
STE 21-22
POMPANO BEACH FL 33360
US

7481 NW 37TH CT
LAUDERHILL FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1993	3a. Date of Last Report 03/20/1996
4. FEI Number 65-0447041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business	2a. Mailing Address
21 7481 NW 37TH CT.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Lauderhill, FL.	28 City & State
24 Zip 33319	25 Country US
29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DAVID L
7481 NW 37TH COURT
LAUDERHILL FL 33319

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: REV. DAVID L. JONES, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 9-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID L	1.2 NAME	REV. DAVID L. JONES
STREET ADDRESS	5208 N.W. 58 TERR.	1.3 STREET ADDRESS	7481 NW 37TH CT.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Lauderhill, FL, 33319
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMBLE, CEDRIC M	2.2 NAME	
STREET ADDRESS	5075 NW 38TH ST APT D317	2.3 STREET ADDRESS	800002313248--5
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	-10/06/97--01168--005
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	****236.25 ****236.25
NAME	WESTBROOK, IRMA J	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1136 NW 15TH CT3	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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] SIGNATURE REQUIRED: [Signature]

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)