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

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004187 (0)

1. Corporation Name

LOVE, FAITH AND POWER: A GIVING MISSION MINISTRY , INC.

Principal Place of Business	Mailing Address
1641 SW MACEDO BLVD. PORT ST. LUCIE FL 34984	1641 SW MACEDO BLVD. PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:
4. FEI Number: ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1401-1403 sw. Biltmore St	26 1401-1403 sw. Biltmore St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, Fla.	28 City & State: Port St. Lucie, Fla.
24 Zip: 34984 25 County: St. Lucie	29 Zip: 34984 30 County: St. Lucie

9. Name and Address of Current Registered Agent

DEBARTOLO, GAIL P
199 SW CHAPMAN AVE.
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name: Kirk L. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 268 SW. ESSEX DR.
83 Port St. Lucie, Fla.
84 City: FL 85 Zip Code: 34984

11. Pursuant to the provisions of Section 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 X Kirk L. Jones 4/27/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	DEBARTOLO, GAIL P	12 NAME	Kirk L. Jones	
STREET ADDRESS	199 SW CHAPMAN AVE.	13 STREET ADDRESS	268 SW. Essex DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	14 CITY-ST-ZIP	Port St. Lucie, Fla. 34984	
TITLE	DS	21 TITLE	V.P.T.D	☑ Change ☐ Addition
NAME	DEBARTOLO, ROBERT C	22 NAME	Lillian Jones	
STREET ADDRESS	199 SW CHAPMAN AVE.	23 STREET ADDRESS	268 SW. Essex Dr.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	24 CITY-ST-ZIP	Port St. Lucie, Fla. 34984	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	JONES, LILLIAN	32 NAME	Robert C. DeBartolo	
STREET ADDRESS	268 SW ESSEX DR.	33 STREET ADDRESS	199 SW. Chapman Ave	
CITY-ST ZIP	PORT ST. LUCIE FL 34984	34 CITY ST ZIP	Port St. Lucie, Fla. 34984	
TITLE	DT	41 TITLE	D	☑ Change ☐ Addition
NAME	JONES, KURT	42 NAME	Gail P. DeBartolo	
STREET ADDRESS	268 SW ESSEX DR.	43 STREET ADDRESS	199 SW. Chapman Ave	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	44 CITY-ST-ZIP	Port St. Lucie, Fla. 34984	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: X Kirk L. Jones 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070517