

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004187 (0)

1. Corporation Name

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



Principal Place of Business

Mailing Address

LOVE, FAITH & POWER
1403 SW BILTMORE ST.
PORT ST. LUCIE FL 34984
US

ROBERT DEBARTOLO
199 SW CHAPMAN AVE.
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified
08/29/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0568987

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

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 Love, Faith & Power

26 Love, Faith & Power

22 199 SW Chapman Ave

27 199 SW Chapman Ave

23 Port St. Lucie, FLA.

28 Port St. Lucie, FLA

24 34984

25 USA

29 34984

30 USA

9. Name and Address of Current Registered Agent

DEBARTOLO, ROBERT C
199 SW CHAPMAN AVE
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name Robert C. DeBartolo

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

6-6-96

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
JONES, KIRK L
268 SW ESSEX DR
PORT ST. LUCIE FL 34984

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DEBARTOLO, ROBERT C
199 SW CHAPMAN AVE
PORT ST. LUCIE FL 34984

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
BURCH, CLAY
12010 1/2 ARLINGTON PLACE
WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Secretary Director
Robyn Di Bartolo
90 199 SW Chapman Ave
Port St. Lucie, FLA. 34984

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Vice President Director
Rita Fitzsimmons
9915 Heritage Apt. A
St. Louis, MO. 63123

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016204

CR2E037 (3/96)