FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

N95000001280 (5) DOCUMENT #

LOVE & CARE MINISTRIES, INC.

LOVE & CARE MINISTRIES, INC.																
Prir	ncipal Place o	of Business			Maili	ng Address						* 18611161 BIA 18181 BILL AGILI ME		94.41 114.4 1		
2026 COCOANUT AVE. 2026 COCOANUT AVE. SARASOTA FL 34234 SARASOTA FL 34234																
												Date Incorporated or Qualified 03/13/1995	36	a. Date of La	ist Re	eport
2.	Principal Plac	ce of Busine	9 S S		2a. N	Mailing Address					U	FEI Number				plied For
21					26						1	65-057675	4			t Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5.	Certificate of Status Desired		~		Additional iquired
City & State					City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23	Zip Country				Zip Country					This corporation has liability for intangible tax under s. 199.032,						
24	25			-	29	¬ ⁻"			ļ			Florida Statutes Yes No				
		9. Name	and Address	of Current R	egiste	red Agent					10.	Name and Address of Nev	/ Registe	ered Agent		
:	:							81	Name	9						
CULPEPPER, MARIAN 2026 COCOANUT AVE.								82 Street Address (P.O. Box Number is Not Acceptable)								
SARASOTA FL 34234									83							
								84	City					 8 5	Zip (Code
									•			submits this statement for the		FL		
	or registere familiar with GNATURE	ed agent, or h, and acce	hoth in the St	rate of Florida. Ins of, Section	Such 6 617.0	change was authoriz 503, Florida Statutes	еа ву тне	corp	oration	s Quare		nectors. Thereby accept the a	фоните	ent as registe	red a	gent. i am
12		signature, typeo		ICERS AND D			13					ADDITIONS/CHANGES TO C	PERCERS	S AND DIREC	STOR	S IN 12
	LE	DP				DELETE	11	TITLE	-					☐ Chan	ige	Addition
NA	ME		PER, MARIA					NAME								
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	ILE NME		UD, JAMES	E		A second		NAME								
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	IME		EONARD REI						r addres	s						
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	AME	MA	mie.	NANCE				NAME		-		7000018 -06/19/960	36E	127	I	
	TREET ADDRESS	1320	Mie 697#	204B			53	STREE	T ADDRES	is		-06/19/960	1001	027		
1	ITY - ST - ZIP	SALA	SOLA 7	12 342	<u> 36</u>				ST-ZIP			***61.00		Cha	nge.	Addition
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	AME							NAME	T ADDRES	e l				(1	(`\	-14
Ι.	TREET ADDRESS						6.4	DITY.	ST. 7IP				,		7	<u>D</u>
1	ity-st-zip 4. I do heret	L by certify that	at the information	on supplied wit	h this	filing is voluntarily fur	rnished an	d do	es not	qualify f	for the	exemption stated in Section d that my signature shall have out as required by Chanter 61	119.07(3))(k), Florida S	tativie	s. I further made under
	anth-that	1 am an off	ነድልና ሲና ለዝናልሮችበር	of the cornora	non or	t or supplemental an the receiver or trust achment with an add	ee en booy	vered	to exe	accura cute thi	is repo	ort as required by Chapter 61	7, Florida	Statutes; an		t my name