

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000002173 (1)**

1. Corporation Name

**LOVE CENTER OUTREACH MINISTRIES, INC.**

Principal Place of Business

**10 SOUTH C STREET  
PENSACOLA FL 32501**

Mailing Address

**900 SOUTH E STREET  
#121  
PENSACOLA FL 32501-5401**

3. Date Incorporated or Qualified  
**05/05/1995**

3a. Date of Last Report  
**03/11/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

22  
City & State

23  
Zip

Country

2a. Mailing Address

**26** **1102 North Webster Dr.**  
Suite, Apt. #, etc.

27  
City & State

**28** **Pensacola, FL**  
Zip

Country

**29** **32505**

**30** **Escambia**

4. FEI Number  
**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBSTER, JAMES E  
900 S.E. ST. #121  
PENSACOLA FL 32501**

81 Name

**James E. Webster**

82 Street Address (P.O. Box Number is Not Acceptable)

**1102 North Webster Drive**

83

84 City

**Pensacola**

FL

85 Zip Code

**32505**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WEBSTER, JAMES E**

STREET ADDRESS **900 S.E. ST. #121**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **STD** ☐ DELETE

NAME **WEBSTER, JACQUELINE E**

STREET ADDRESS **900 S.E. ST. #121**

CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE

NAME **HENDERSON, RITA**

STREET ADDRESS **4409 ELLYSEE WAY**

CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ DELETE

NAME **NEILLY, HARRISON**

STREET ADDRESS **2005 N. 8TH AVE.**

CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

**PD**

☒ Change ☐ Addition

1.2 NAME

**Webster, James E**

1.3 STREET ADDRESS

**1102 North Webster Drive**

1.4 CITY-ST-ZIP

**Pensacola, FL 32505**

2.1 TITLE

**STD**

☒ Change ☐ Addition

2.2 NAME

**Webster, Jacqueline**

2.3 STREET ADDRESS

**1102 North Webster Drive**

2.4 CITY-ST-ZIP

**Pensacola, FL 32505**

3.1 TITLE

**D**

☒ Change ☐ Addition

3.2 NAME

**Rita Grandberry**

3.3 STREET ADDRESS

**4409 ELLYSEE WAY**

3.4 CITY-ST-ZIP

**Pensacola, FL 32505**

4.1 TITLE

**D**

☒ Change ☐ Addition

4.2 NAME

**Neilly, Harrison**

4.3 STREET ADDRESS

**1275 Mahogany Mills Rd., Apt 1-A**

4.4 CITY-ST-ZIP

**Pensacola, FL 32507**

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Required**

**Not an**

CR2E037 (9/96)