

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90077 020 \*\*\*\*61.25

**DOCUMENT # N95000002173**

1. Corporation Name

**LOVE CENTER OUTREACH MINISTRIES, INC.**

Principal Place of Business

**10 SOUTH C STREET  
PENSACOLA FL 32501**

Mailing Address

**1102 N WEBSTER DR  
PENSACOLA FL 32505  
US**



2. Principal Place of Business

**21 376 W. Chase Street**

2a. Mailing Address

Suite, Apt. #, etc.

22

City & State

**23 Pensacola, Florida**

Zip

**24 32501**

Country

**25 Escambia**

City & State

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**05/05/1995**

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

9. Name and Address of Current Registered Agent

**WEBSTER, JAMES E  
1102 N WEBSTER DR  
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME GRANDBERRY, RITA  
STREET ADDRESS 4409 ELLYSEE WAY  
CITY-ST-ZIP PENSACOLA FL 32505**

TITLE ☐ DELETE

**D  
NAME NEILLY, HARRISON  
STREET ADDRESS 1275 MAHAGONY MILS ROAD, APT 1A  
CITY-ST-ZIP PENSACOLA FL 32507**

TITLE ☐ DELETE

**PD  
NAME WEBSTER, JAMES E  
STREET ADDRESS 1102 N WEBSTER DR  
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**STD  
NAME WEBSTER, JACQUELINE  
STREET ADDRESS 1102 N WEBSTER DR  
CITY-ST-ZIP PENSACOLA FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**Jacqueline Webster** 4/4/99 (850) 432-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Ext 1311

CR2E037 (11/98)