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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90034 011 \*\*\*\*\*75.00

DOCUMENT # N96000002558

1. Corporation Name

"LABOR OF LOVE" MINISTRY OF MACCLENNY, INC.

Principal Place of Business

11 W. MACCLENNY AVE.  
MACCLENNY FL 32063

Mailing Address

11 W. MACCLENNY AVE.  
MACCLENNY FL 32063



2. Principal Place of Business

i Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

31-1484184

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

FREDERICK, HENRY D  
11 W. MACCLENNY AVE.  
MACCLENNY FL 32063

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 Henry D. Frederick President HENRY D. FREDERICK 1-8-99

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 PD. ☐ DELETE  
NAME FREDERICK, HENRY D  
STREET ADDRESS 1210 S. FIFTH ST.  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE VD ☐ DELETE  
NAME SNOW, KENNETH G  
STREET ADDRESS RT. 1, BOX 647-F  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE STD ☐ DELETE  
NAME RAWLS, VINCENT  
STREET ADDRESS DUPREE RD. RT. 1, BOX 789  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE D ☐ DELETE  
NAME RHODEN, THOMAS R  
STREET ADDRESS 515 S. SIXTH ST.  
CITY-ST-ZIP MACCLENNY FL 32063

TITLE D ☐ DELETE  
NAME KIRKLAND, GRANVEL S  
STREET ADDRESS CTY. RD. 125 NORTH  
CITY-ST-ZIP GLEN ST. MARY FL 32040

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: Henry D. Frederick SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)