


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000000068 (3)**

1. Corporation Name

**A GIFT OF LOVE MINISTRIES INTERNATIONAL, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>830 GLENFIELD DRIVE<br/>PALM HARBOR FL 34684</b> | Mailing Address<br><b>PO BOX 880<br/>OLDSMAR FL 34677<br/>US</b> |
|--|--|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>12/31/1996</b> | 4. FEI Number<br><b>59-3425243</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21 2871 Trailwood Dr</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>                              | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23 Palm Harbor FL</b>                      | City & State<br><b>28</b>        |
| Zip<br><b>24 34684</b>  | Country<br><b>25 USA</b>         |
| Country<br><b>29</b>  | Zip<br><b>30</b>                 |

|   |
|---|
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |
|--|
| 9. Name and Address of Current Registered Agent<br><b>MCDONALD, DEBORAH<br/>830 GLENFIELD DRIVE<br/>PALM HARBOR FL 34684</b> |
|--|

|  |
|--|
| 10. Name and Address of New Registered Agent<br><b>81 Name Bisaha, Debra</b>     |
| <b>82 Street Address (P.O. Box Number is Not Acceptable) 118 Gulfwinds Drive</b> |
| <b>83</b>  |
| <b>84 City Palm Harbor FL 85 Zip Code 34683</b>                                  |

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 *Debra Bisaha* **DEBRA BISAHA STD 4/7/98**

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<br><b>PD</b>                               | <input type="checkbox"/> DELETE |
| NAME<br><b>MCDONALD, DEBORAH</b>                 |                                 |
| STREET ADDRESS<br><b>830 GLENFIELD DRIVE</b>     |                                 |
| CITY - ST - ZIP<br><b>PALM HARBOR FL 34684</b>   |                                 |
| TITLE<br><b>VD</b>                               | <input type="checkbox"/> DELETE |
| NAME<br><b>HODGDON, DONNA</b>                    |                                 |
| STREET ADDRESS<br><b>570 WILMUTH CIR.</b>        |                                 |
| CITY - ST - ZIP<br><b>WEST COLUMBIA SC 29170</b> |                                 |
| TITLE<br><b>STD</b>                              | <input type="checkbox"/> DELETE |
| NAME<br><b>BISAHA, DEBRA</b>                     |                                 |
| STREET ADDRESS<br><b>118 GULFWINDS DRIVE</b>     |                                 |
| CITY - ST - ZIP<br><b>PALM HARBOR FL 34683</b>   |                                 |
| TITLE  | <input type="checkbox"/> DELETE |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY - ST - ZIP                                  |                                 |
| TITLE  | <input type="checkbox"/> DELETE |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY - ST - ZIP                                  |                                 |
| TITLE  | <input type="checkbox"/> DELETE |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY - ST - ZIP                                  |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE<br><b>PD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>McDonald, Deborah</b>                  |  |
| 1.3 STREET ADDRESS<br><b>2871 Trailwood Dr</b>        |  |
| 1.4 CITY - ST - ZIP<br><b>Palm Harbor FL 34684</b>    |  |
| 2.1 TITLE<br><b>VD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Hodgdon, Donna</b>                     |  |
| 2.3 STREET ADDRESS<br><b>13 B Lincoln Drive</b>       |  |
| 2.4 CITY - ST - ZIP<br><b>Hooksett NH 03106-1913</b>  |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY - ST - ZIP                                   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY - ST - ZIP                                   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY - ST - ZIP                                   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Deborah McDonald* **813 419 5683**

CR2E037 (10/97)