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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

573509 - 90013 - 25

DOCUMENT # N98000001046

1. Corporation Name
BEMBOW'S LOVE AND CARE SHELTER INC.

Principal Place of Business	Mailing Address
259 QUEBEC AVENUE DEFUNIAK SPRINGS FL 32433	259 QUEBEC AVENUE DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business
21 259 Quebec Ave
22 Suite, Apt. #, etc.
23 City & State: Defuniak Spgs. Fla.
24 Zip: 32433 25 Country: Walton

2a. Mailing Address
26 259 Quebec Ave
27 Suite, Apt. #, etc.
28 City & State: Defuniak Spgs. Fla.
29 Zip: 32433 30 Country: Walton

3. Date Incorporated or Qualified: 02/23/1998

4. FEI Number: 59-3489790 ☐ 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

BEMBOW, RODNEY
513 SOUTH 19TH QUAIL RUN #305
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: Mackie Lee
82 Street Address (P.O. Box Number is Not Acceptable): 135 Hyw 183 N.
83
84 City: Argyle FL 85 Zip Code: 32425

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: Priscilla A. Bembow 5-26-99 -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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gloria Ingram 45 Bay Street Defuniak Spgs. FL 32433	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Reginald T. Bembow 516 Tailpine ST. Crestview 32539 Director	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mackie D Lee 135 Hyw 183 North Defuniak Fla.	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	JOHNNIE B. Wheeler 559 RUCKEL Dr Defuniak Springs FL 32433 Director	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/President Priscilla Bembow 259 Quebec Ave Defuniak Spgs Fla 32433	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Gail Holmes Director 678 S. 14th Street DEFUNIAK SPGS FL 32433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President Rodney Bembow 513 South 19th Quail Run # 305 Defuniak Fla 32433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Priscilla A. Bembow 5-26-99 (850) 951-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #