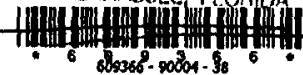


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$0.25 (IF DISSOLVED); MINIMUM AMOUNT DUE TO REINSTATE: \$200.25.

APPROVED  
AND  
FILED

99 SEP 15 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005535 ✓ 1. Corporation Name LOVE IN ACTION MINISTRIES, INC.		
Principal Place of Business 13710 MADISON ST MIAMI FL 33176	Mailing Address 13710 MADISON ST MIAMI FL 33176	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/22/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	650865097
24 Country	29 Country	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	10. Name and Address of New Registered Agent
MITCHELL, ADONNAS 13710 MADISON ST MIAMI FL 33176	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 617.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Adonnas Mitchell	1.2 NAME	
STREET ADDRESS	13710 Madison St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Mia Fl 33176	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treas Henrietta Mitchell	2.2 NAME	
STREET ADDRESS	13710 Madison St	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33176	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.P. Barbara Mitchell	3.2 NAME	
STREET ADDRESS	S Cir Dr #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood Fl 33021	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaplain Rev. Reginald Morris	4.2 NAME	
STREET ADDRESS	17901 NW 2 Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33169	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Career Specialist Kenneth Carswell	5.2 NAME	
STREET ADDRESS	5441 Triphammer Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, Fl 32942	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Advisor Dr. Alexandra Holway	6.2 NAME	
STREET ADDRESS	11026 SW 132 Pl	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33186	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: Adonnas Mitchell President 8-23-99 305-233-7001  
 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #  
 305-389-7997

CR2E037 (5/98)