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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000006059

1. Corporation Name
EXPRESSIONS OF LOVE MINISTRIES, INC.

* 5 7 3 5 7 9 - 9 0 0 1 4 - 4 5 9 *

Principal Place of Business	Mailing Address
1141 N.W. 44TH TERRACE LAUDERHILL FL 33313	1141 N.W. 44TH TERRACE LAUDERHILL FL 33313

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 9922	3. Date Incorporated or Qualified 10/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0870837 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 FT. LAUDERDALE, FL	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33310 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, CHARLOTTE
1141 N.W. 44TH TERRACE
LAUDERHILL FL 33313

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 Charlotte Smith - (President) DATE 5-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P - D	P - D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CHARLOTTE		1.2 NAME		
STREET ADDRESS	1141 N.W. 44TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-ST-ZIP		
TITLE S - D	S - D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, DOROTHY		2.2 NAME		
STREET ADDRESS	1030 PARK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		2.4 CITY-ST-ZIP		
TITLE T - D	T - D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, NAKIA		3.2 NAME		
STREET ADDRESS	1141 N.W. 44TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Charlotte Smith (SIGNATURE REQUIRED) 3/4/99 (954) 741-8794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(954) 220-3817 **