

FILE NOW: FILING FEE AFTER MAY 1ST 1998 \$7.00

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036275 (0)
1. Corporation Name
A LOVING MESSIAH, INC.



Principal Place of Business
15323 95 LANE NORTH
WEST PALM BEACH FL 33412

Mailing Address
15323 95 LANE NORTH
WEST PALM BEACH FL 33412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1997	
21 Suite, Apt. #, etc.	22 City & State	26 CHILLINGWORTH of CONWAY, PA. 15-0744192	27 2090 Palm Beach Lakes Blvd	4. FFI Number	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
23 Zip	24 Country	28 West Palm Beach, FL	29 33409	30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CHILLINGWORTH, CHARLES C 2090 PALM BEACH LAKES BLVD STE 800 WEST PALM BEACH FL 33409			10. Name and Address of New Registered Agent		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARMON, KIM T	1.2 NAME	
STREET ADDRESS	15323 95 LANE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARMON, JAMES K	2.2 NAME	
STREET ADDRESS	15323 95 LANE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

CR2E034 (10/97)