

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90147 050 ***158.75

DOCUMENT # P97000036275

1. Corporation Name

A LOVING MESSIAH, INC.

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

Mailing Address
**CHILLINGWORTH & CONWAY, P.A.
2090 PALM BEACH LAKES BOULEVARD #800
WEST PALM BEACH FL 33409
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0744192

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Jeanne Odom Conway, Esq.
580 Village Blvd., Suite 160
West Palm Beach, FL 33409**

23 City & State

28

24 Zip

Country

29 Zip

Country

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

81 Name

82 **Jeanne Odom Conway, Esq. (Acceptable)**
83 **580 Village Blvd., Suite 160**
West Palm Beach, FL 33409

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **POSTD**
STREET ADDRESS **HARMON, KIM T.**
CITY-ST-ZIP **15323 95 LANE NORTH
WEST PALM BEACH FL 33412**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **HARMON, JAMES K.**
CITY-ST-ZIP **15323 95 LANE NORTH
WEST PALM BEACH FL 33412**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE OF REGISTERED PRESIDENT 4/29/99

Date

(561) 753-9130
Business Phone #

CR2E034 (11/98)