2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036275

1. Entity Name

A LOVING MESSIAH, INC.

Principal Place of Business	Mailing Address
15323 95 LANE NORTH WEST PALM BEACH FL 33412	JEANNE ODOM CONWAY. ESQ 580 VILLAGE BLVD.. SUITE 160 WEST PALM BEACH FL 33409-1956 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address *15323 95th Lane North*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State *West Palm Beach, FL*
Zip	Country	Zip *33412-1770*	Country *Palm Beach*

4. FEI Number **65-0744192**   Applied For ☐   Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ODOM CONWAY, JEANNE 580 VILLAGE BLVD., SUITE 160 WEST PALM BEACH FL 33409	Name *Kim T. Harmon* Street Address (P.O. Box Number is Not Acceptable) *15323 95th Lane North* City *West Palm Beach* **FL** Zip Code *33412-1770*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _*Kim T. Harmon*_   *04/29/2000*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME HARMON, KIM T STREET ADDRESS 15323 95 LANE NORTH CITY-ST-ZIP WEST PALM BEACH FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME HARMON, JAMES K STREET ADDRESS 15323 95 LANE NORTH CITY-ST-ZIP WEST PALM BEACH FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _*Kim T. Harmon*_   *04/29/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #