2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# 732600

Entity Name: LOVE OF JESUS MINISTRIES, INC.

Current Principal Place of Business:

7520 RIDGEWOOD AVE
#910
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 487
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-1619934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWELL E LILLY, JR.
7520 RIDGEWOOD AVENUE
#910
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LILLY, LOWELL E, JR,	
Address:	7520 RIDGEWOOD AVE	
City-St-Zip:	CAPE CANAVERAL, FL	
Title:	STD	( ) Delete
Name:	LILLY, PHYLLIS A.,	
Address:	7520 RIDGEWOOD AVENUE	
City-St-Zip:	CAPE CANAVERAL, FL	
Title:	VD	( ) Delete
Name:	HOLLOWAY, JOHN BISHOP	
Address:	317 WEST LEE STREET	
City-St-Zip:	THOMASTON, GA 30286	
Title:	D	( ) Delete
Name:	JOHNSON, GINA	
Address:	3664 BANNOCK ST	
City-St-Zip:	COCOA, FL	
Title:	VP	( ) Delete
Name:	KELLY, WARREN T	
Address:	7809 US # 42	
City-St-Zip:	FLORENCE, KY 41042	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HOLLOWAY, JOHN BISHOP	
Address:	317 WEST LEE STREET	
City-St-Zip:	THOMASTON, GA 30286	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL EUGENE LILLY, JR PRES 03/19/2007

Electronic Signature of Signing Officer or Director — Date