


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # 763338	
1. Entity Name LOVE AND LIFE MINISTRIES, INC.	

Principal Place of Business 1031 GUNKA RD JACKSONVILLE, FL 32216	Mailing Address 1031 GUNKA RD JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3742801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, HAZEL
 3144 GALLANT DR
 JACKSONVILLE, FL 32250

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000650059
 03/07/07-80076-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD CARMICHAEL, HAZEL 1031 GUNKA RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARMICHAEL, ROY 1031 GUNKA RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOTH, JEAN 2300 RANWILL CT ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOUNT, BARBARA 5007 PINEVIEW CHURCH RD WAYCROSS, GA 31503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEWELL, MELANIE 9417 HUNSTON MILL LN JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, SHARON L 21682 CR 121 HILLIARD, FL 32046

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *HAZEL CARMICHAEL* 2-23-07 904-724-8267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #