


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008235
 1. Entity Name
 UNITY OF LOVE FELLOWSHIP MINISTRY, INC.



Principal Place of Business Mailing Address
 1897 PALM BEACH LAKES BLVD. 931 VILLAGE BLVD 905-PMB 83
 204/203 W PALM BCH, FL 33409
 W PALM BCH, FL 33409

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04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1156706 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TIPTON, TOMMY
 501 S CONGRESS AVE
 W PALM BCH, FL 33409

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

Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000344253
 04/29/05-80129-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TIPTON, TOMMY SR
STREET ADDRESS	501 S CONGRESS AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	DV
NAME	ELLIOTT, HAROLD
STREET ADDRESS	4985 PINECONE LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	S
NAME	MOMENT, LAVERNE
STREET ADDRESS	4951 HAVERHILL COMMONS CIR. APT. 21
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	DT
NAME	JOINER, SHARON M
STREET ADDRESS	501 S CONGRESS AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	MARCELLE-CONEY, DEBRA
STREET ADDRESS	5832 CORSON PLACE
CITY-ST-ZIP	LANTANA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 4/27/05 Daytime Phone #: 861-688-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR