


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 027 ****70.00

DOCUMENT # N01000008235 1. Entity Name UNITY OF LOVE FELLOWSHIP MINISTRY, INC.																																																																																																																													
Principal Place of Business 1897 PALM BEACH LAKES BLVD. 204/203 W PALM BCH, FL 33409				Mailing Address 931 VILLAGE BLVD 905-PMB 83 W PALM BCH, FL 33409																																																																																																																									
2. Principal Place of Business		3. Mailing Address 6170 SHERWOOD GLEN WAY																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1																																																																																																																											
City & State		City & State WPA, FL		4. FEI Number 65-1156706																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
Zip 33415		Country U.S.		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent TIPTON, TOMMY 501 S CONGRESS AVE W PALM BCH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TIPTON, TOMMY SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 S CONGRESS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELLIOTT, HAROLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4985 PINECONE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOMENT, LAVERNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4951 HAVERHILL COMMONS CIR. APT. 21</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOINER, SHARON M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 S CONGRESS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARCELLE-CONEY, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5832 CORSON PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LANTANA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	TIPTON, TOMMY SR		STREET ADDRESS	501 S CONGRESS AVE		CITY-ST-ZIP	WEST PALM BEACH, FL 33409		TITLE	DV	<input type="checkbox"/> Delete	NAME	ELLIOTT, HAROLD		STREET ADDRESS	4985 PINECONE LANE		CITY-ST-ZIP	WEST PALM BEACH, FL 33417		TITLE	S	<input type="checkbox"/> Delete	NAME	MOMENT, LAVERNE		STREET ADDRESS	4951 HAVERHILL COMMONS CIR. APT. 21		CITY-ST-ZIP	WEST PALM BEACH, FL 33417		TITLE	DT	<input type="checkbox"/> Delete	NAME	JOINER, SHARON M		STREET ADDRESS	501 S CONGRESS AVE		CITY-ST-ZIP	WEST PALM BEACH, FL 33409		TITLE	D	<input type="checkbox"/> Delete	NAME	MARCELLE-CONEY, DEBRA		STREET ADDRESS	5832 CORSON PLACE		CITY-ST-ZIP	LANTANA, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: _____ 4/28/06 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													