

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2004
Secretary of State**

DOCUMENT# N43483

Entity Name: LOVE OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

7519 FOREST CITY RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

7519 FOREST CITY RD
ORLANDO, FL 32810 US

New Mailing Address:

475 MONTGOMERY PL
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3092197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAMBRIDGE, AGATHA
4387 REAL CT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

KELLEY GOLDBERG LEACH AND COHN PL
475 MONTGOMERY PL
ALTAMONTE SPRINGS, FL 32714 US

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: STEVE COHN 05/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCAMBRIDGE, AGATHA H
Address: 2223 WEKIRA VILLAGE LN.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MCCAMBRIDGE, HAROLD,
Address: 2223 WEKIRA VILLAGE LN.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CALEB, BENIDICT
Address: 705 BUSBEE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BECKETT, BOB
Address: 1601 DAUPHIN LANE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: SACHDEVA, PAUL
Address: 2714 WINDINGDALE DR.
City-St-Zip: RICHMOND, VA 23233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: AGATHA MCCAMBRIDGE DP 05/01/2004

Electronic Signature of Signing Officer or Director Date