

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43483

FILED  
Apr 14, 2005  
Secretary of State

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:**

475 MONTGOMERY PL  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date