## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43483

FILED Aug 10, 2006 Secretary of State

Entity Name: LOVE OF CHRIST MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7519 FOREST CITY RD ORLANDO, FL 32810 US **Current Mailing Address: New Mailing Address:** 475 MONTGOMERY PLACE 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US FEI Number: 59-3092197 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLEY GOLDBERG LEACH AND COHN PL KELLEY GOLDBERG LEACH AND COHN PL 475 MONTGOMERY PLACE 475 MONTGOMERY PL ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN 08/10/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCAMBRIDGE, AGATHA H Name: Name: 2223 WEKIRA VILLAGE LN. Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition MCCAMBRIDGE, HAROLD, Name: Name: Address: 2223 WEKIRA VILLAGE LN. Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition CALEB, BENIDICT Name: Name: 705 BUSBEE AVENUE Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: () Change () Addition BECKETT, BOB Name: Name: 1601 DAUPHIN LANE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SACHDEVA, PAUL Name: Name: 2714 WINDINGDALE DR. Address: Address: City-St-Zip: RICHMOND, VA 23233 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 H MCCAMBRIDGE DP 08/10/2006