

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43483

FILED
Jul 02, 2009
Secretary of State

Entity Name: LOVE OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

2223 WEKIVA VILLAGE LANE
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

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:

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

Name and Address of New Registered Agent:

KGLC
475 MONTGOMERY PLACE
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: STEPHEN COHN

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: MCCAMBRIDGE, HAROLD
Address: 2223 WEKIVA 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 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

07/02/2009

Electronic Signature of Signing Officer or Director

Date