

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90172 005 ****61.25

DOCUMENT # N95000002173

1. Entity Name

LOVE CENTER OUTREACH MINISTRIES, INC.



Principal Place of Business

1305 WEST SCOTT STREET
PENSACOLA FL 32501

Mailing Address

1305 WEST SCOTT STREET
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

WEBSTER, JAMES E
2410 WEST JORDON STREET
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEBSTER, JAMES E | |
| STREET ADDRESS | 2410 WEST JORDON ST | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NEILLY, HARRISON | |
| STREET ADDRESS | 614 E. BELMONT STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WEBSTER, JAMES E | |
| STREET ADDRESS | 614 EAST BELMONT STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MAREBA, RANDELL | |
| STREET ADDRESS | 1100 SCENIC HWY APT 100 | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEBORAH, WEBSTER S | |
| STREET ADDRESS | 2410 WEST JORDON ST. | |
| CITY-ST-ZIP | PENSACOLA FL 32505 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEILLY, HARRISON | |
| STREET ADDRESS | 611 WEST JORDAN STREET | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

James E. Webster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

Daytime Phone #