


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004911

1. Entity Name
THE LOVE OF GOD MINISTRY INC.



Principal Place of Business
**9816 N.W. 5TH COURT
 PLANTATION, FL 33324**

Mailing Address
**9816 N.W. 5TH COURT
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0681887 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIDAY, THOMAS A
 9816 N.W. 5TH COURT
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDAY, THOMAS A REV. 9816 N.W. 5TH COURT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDAY, GIDGET REV. 9816 N.W. 5TH COURT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DOROTHY 16196 SW.16TH STREET PEMBROOKPINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80055-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas A. Friday **THOMAS A. FRIDAY** 3/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #