2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006953

1. Entity Name
LOVE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
1107 PAPAYA DR TAMPA, FL 33619 US	P. O. BOX 4043 BRANDON, FL 33509 US

03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLINGSHED, SYLVIA
3212 CLIFFORD SAMPLE DR.
TAMPA, FL 33619

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	TP
NAME	O'NEAL-WILLIAMS, BELINDA
STREET ADDRESS	1107 PAPAYA DR
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	HOLLINGSHED, SYLVIA
STREET ADDRESS	3212 CLIFFORD SAMPLE DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	T
NAME	WILLIAMS, SHERIKA
STREET ADDRESS	5346 MADISON LK CIR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	TS
NAME	HOLLINGSHED, SHEMIA
STREET ADDRESS	601 SOMERSTONE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	T
NAME	HOLLINGSHED, KIA
STREET ADDRESS	3212 CLIFFORD SAMPLE DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000358998
06/06/05-60001-002 61.25

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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: Belinda L. Williams O'Neal 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #