

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003982

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: MISSION OF LOVE MINISTRIES OF JACKSONVILLE, INCORPORATED

**Current Principal Place of Business:**

4059 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

6850 CHAMPLAIN ROAD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 59-3587729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOLLORS, WAYNE  
6850 CHAMPLAIN ROAD  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCOLLORS, ROSANNA J  
Address: 6850 CHAMPLAIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete  
Name: MOORE, DEBORAH L  
Address: 2024 CALJON ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete  
Name: SHANNON, MARGIE  
Address: 12233 PLUM BRIDGE LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: JONES, CHARLES W  
Address: 7960 103 RD STREET #401  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: RANDOLPH, KELDA  
Address: 6850 CHAMPLAIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

**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: ROSANNA MCCOLLORS

PD

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date