

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2008
Secretary of State**

DOCUMENT# N99000003982

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: 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:

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

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date