

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003982

FILED
Apr 06, 2010
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
Name: MCCOLLORS, ROSANNA J
Address: 6850 CHAMPLAIN ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: TD
Name: KELLAM, FREEMAN
Address: 10822 WAHINE DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32246

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

I hereby 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 all other like empowered.

SIGNATURE: ROSANNA J. MCCOLLORS

PD

04/06/2010

Electronic Signature of Signing Officer or Director

Date