

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732600

**Entity Name:** LOVE OF JESUS MINISTRIES, INC.**Current Principal Place of Business:**8935 PUERTO DEL RIO DR.  
503  
CAPE CANAVERAL, FL 32920**Current Mailing Address:**P.O. BOX 487  
CAPE CANAVERAL, FL 32920 US**FEI Number: 59-1619934****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LILLY,JR., LOWELL E PRES  
8935 PUERTOEL RIO DR.  
503  
CAPE CANAVERAL, FL 32920 US*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**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | PD                             |
| Name            | LILLY,JR., LOWELL E            |
| Address         | 8935 PUERTO DEL RIO DR.<br>503 |
| City-State-Zip: | CAPE CANAVERAL FL 32920        |

|                 |                           |
|-----------------|---------------------------|
| Title           | STD                       |
| Name            | LILLY, PHYLLIS A          |
| Address         | PUERTO DEL RIO DR.<br>503 |
| City-State-Zip: | CAPE CANAVERAL FL 32920   |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | KESSLER, DOUGLAS BISHOP |
| Address         | 106 MARQUITA            |
| City-State-Zip: | SAN CLEMENTE CA 92672   |

|                 |                 |
|-----------------|-----------------|
| Title           | D               |
| Name            | JOHNSON, GINA   |
| Address         | 3664 BANNOCK ST |
| City-State-Zip: | COCOA FL 32926  |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | VPD                                   |
| Name            | KELLY, WARREN T                       |
| Address         | 830 NORTH ATLANTIC AVE -<br>APT.B1001 |
| City-State-Zip: | COCOA BEACH FL 32931                  |

*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: LOWELL EUGENE LILLY, JR.****PRESIDENT****03/06/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date