

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008235

**FILED  
Mar 03, 2022  
Secretary of State  
2437212869CC**

**Entity Name:** UNITY OF LOVE FELLOWSHIP MINISTRY, INC.

**Current Principal Place of Business:**

2200 NORTH FLORIDA MANGO RD  
#7  
W PALM BCH, FL 33409

**Current Mailing Address:**

501 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33409 US

**FEI Number: 65-1156706**

**Certificate of Status Desired: Yes**

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

TIPTON, TOMMY  
501 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33409 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:** TOMMY TIPTON

03/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TIPTON SR, TOMMY  
Address 2200 NORTH FLORIDA MANGO RD  
#7  
City-State-Zip: W PALM BCH FL 33409

Title S  
Name JOINER, SHARON  
Address 501 SOUTH CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33409

Title VP  
Name HAGANS, ALVIN  
Address 1860 OLD OKEECHOBEE ROAD #510  
City-State-Zip: WEST PALM BEACH FL 33409

Title D  
Name TIPTON, JANICE  
Address 1860 OLD OKEECHOBEE ROAD #510  
City-State-Zip: WEST PALM BEACH FL 33409

Title CFO  
Name ELLIOTT, HAROLD  
Address 4985 PINE CONE LN  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name ELLIOTT, ROCHELLE  
Address 1000 N DIXIE HWY, SUITE A  
City-State-Zip: W PALM BCH FL 33401

*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:** TOMMY TIPTON SR

**PRESIDENT**

03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date