

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008235

Entity Name: UNITY OF LOVE FELLOWSHIP MINISTRY, INC.**Current Principal Place of Business:**1832 WABASSO DRIVE SUITE C
W PALM BCH, FL 33409**Current Mailing Address:**9095 ISAIAH LN
PALM BEACH GARDENS, FL 33418**FEI Number:** 65-1156706**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TIPTON SR, TOMMY
9095 ISAIAH LN
PALM BEACH GARDENS, FL 33418 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	P
Name	TIPTON SR, TOMMY
Address	1860 OLD OKEECHOBEE ROAD #510
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	CFO
Name	ELLIOTT, HAROLD
Address	4985 PINE CONE LN
City-State-Zip:	WEST PALM BEACH FL 33401

Title	S
Name	JOINER, SHARON
Address	501 N CONGRESS AVE
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	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****03/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date