

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008235

**FILED  
Mar 02, 2015  
Secretary of State  
CC0822900087**

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

**Current Principal Place of Business:**

1860 OLD OKEECHOBEE ROAD BUILDING 500  
510  
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 S  
Name JOINER, SHARON  
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 D  
Name TIPTON, JANICE  
Address 1860 OLD OKEECHOBEE ROAD #510  
City-State-Zip: WEST PALM BEACH FL 33409

Title D  
Name WILLIAMS, REGINA  
Address 1860 OLD OKEECHOBEE ROAD  
BUILDING 500  
510  
City-State-Zip: W PALM BCH FL 33409

*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**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date