2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
8384268262CC

DOCUMENT# N05000007606

Entity Name: LOVE367, INC.

Current Principal Place of Business:

9802 BAYMEADOWS ROAD
SUITE 12-188
JACKSONVILLE, FL 32256

Current Mailing Address:

9802 BAYMEADOWS ROAD
SUITE 12-188
JACKSONVILLE, FL 32256 US

FEI Number: 26-0119475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TWILLIE, CEDRIC
7990 BAYMEADOWS RD E
418
JACKSONVILLE, FL 32256 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: CEDRIC TWILLIE 04/07/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP
Name	TWILLIE, CEDRIC
Address	7990 BAYMEADOWS RD E #418
City-State-Zip:	JACKSONVILLE FL 32256

Title	DS
Name	BOONE, SHAWN M
Address	P.O. BOX 3683
City-State-Zip:	LAKE CITY FL 32056

Title	D
Name	IBEAWUCHI, STEVE C
Address	8358 BYRON CT
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	HORSTMAN, DOROTHY YANES
Address	4215 MARBLEWOOD LANE
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	WINTERS, DANON
Address	8493 BAYMEADOWS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	WELLS, DERIC
Address	9802 BAYMEADOWS ROAD SUITE 12-188
City-State-Zip:	JACKSONVILLE FL 32256

Title	PASTOR
Name	BROWN, WILLIE JAMES
Address	1949 ELKS PATH LN.
City-State-Zip:	GREEN COVE SPRING FL 32043

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: STEVE IBEAWUCHI DIRECTOR 04/07/2025

Electronic Signature of Signing Officer/Director Detail — Date