

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003860

**Entity Name:** OCTOBER LOVE MINISTRIES, INC

**Current Principal Place of Business:**

116 CYPRESS POINT TERRACE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

PO BOX 3281  
LAKE PLACID, FL 33852 US

**FEI Number: 81-1046701**

**Certificate of Status Desired: Yes**

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

LAMARRE, TAMMIE R  
116 CYPRESS POINT TERRACE  
LAKE PLACID, FL 33852 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           PTD  
Name           LAMARRE, TAMMIE  
Address        116 CYPRESS POINT TERRACE  
City-State-Zip: LAKE PLACID FL 33852

Title           DIRECTOR  
Name           COX, BAILEE  
Address        116 CYPRESS POINT TERRACE  
City-State-Zip: LAKE PLACID FL 33852

Title           SD  
Name           POURGHAFARI, KAZEM  
Address        167 PLACID VIEW DRIVE  
City-State-Zip: LAKE PLACID FL 33852

Title           DIRECTOR  
Name           COX, JACKLYN  
Address        116 CYPRESS POINT TERRACE  
City-State-Zip: LAKE PLACID FL 33852

*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: TAMMIE LAMARRE**

**PRESIDENT**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date