

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

DOCUMENT# N17000007507

**Entity Name:** LOVES OUTREACH INC

**Current Principal Place of Business:**

7811 CAMELLIA RD  
NORFOLK, VA 23518

**Current Mailing Address:**

P.O.BOX 19531  
WEST PALM BEACH, FL 33416 US

**FEI Number:** 46-2955113

**Certificate of Status Desired:** No

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

MOORE-MOYE, CATHY L  
6346 PINESTEAD DR  
LAKE WORTH, FL 33463 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            TRE  
Name            HAMON, KATHEEN T  
Address        1807 DIVISION AVE  
                  104  
City-State-Zip: WEST PALM BEACH FL 33407

Title            TRUSTEE  
Name            WALKER-PATRICK, MONICA  
Address        1230 WEST 2ND ST  
City-State-Zip: RIVIERA BEACH FL 33404

Title            EXECUTIVE SECRETARY  
Name            MELTON, JUDITH  
Address        2480 PRESIDENTIAL WAY  
City-State-Zip: WEST PALM BEACH FL 33401

Title            CO-TRUSTEE  
Name            HAMILTON, EVERETT  
Address        1183 THE POINTE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33409

Title            PTD  
Name            MOORE, CATHY LOVE  
Address        6346 PINESTEAD DR  
                  1013  
City-State-Zip: WEST PALM BEACH FL 33463

Title            COO  
Name            GRAVES, SHELDON  
Address        252 LAKE CONSTANCE DR  
City-State-Zip: WEST PALM BEACH FL 33411

Title            CHIEF EXECUTIVE OFFICER  
Name            MOORE, DAVON LOVE  
Address        855 BLUERIDGE CIR  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** CATHY LOVE MOORE

**PTO**

**12/22/2022**

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

\_\_\_\_\_  
Date