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.

TREASURER

SIGNATURE: STEPHEN COHN

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:	STEPHEN M COHN		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Titlo D	P		

Officer/Director Detail				
Officer/Director Detail :				
Title	DP	Title	D	
Name	MCCAMBRIDGE, AGATHA H	Name	MCCAMBRIDGE, HAROLD J	
Address	2223 WEKIVA VILLAGE LN.	Address	2223 WEKIVA VILLAGE LN.	
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712	
Title	D	Title	D	
Name	CALEB, BENIDICT	Name	SACHDEVA, PAUL	
Address	705 BUSBEE AVENUE	Address	2714 WINDINGDALE DR	
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	RICHMOND VA 23233	
Title	TREASURER			
Name	COHN, STEPHEN			
Address	8620 BLUEGRASS LANE			
City-State-Zip:	OOLTEWAH FL 37363-4341			

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.

Name and Address of Current Registered Agent:

Current Mailing Address: 940 CENTER CIR ALTAMONTE SPRINGS, FL 32714 US

DOCUMENT# N43483

2223 WEKIVA VILLAGE LANE

APOPKA, FL 32712

FEI Number: 59-3092197

Entity Name: LOVE OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

COHN, STEPHEN M CPA 940 CENTER CIRCLE #3014

ALTAMONTE SPRINGS, FL 32714 US

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2021 Secretary of State 9836452104CC

02/03/2021 Date

Certificate of Status Desired: No

02/03/2021 Date