

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003982

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC3948755051**

**Entity Name:** MISSION OF LOVE MINISTRIES OF JACKSONVILLE,  
INCORPORATED

**Current Principal Place of Business:**

4059 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

6850 CHAMPLAIN ROAD  
JACKSONVILLE, FL 32208

**FEI Number: 59-3587729**

**Certificate of Status Desired: No**

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

MCCOLLORS, WAYNE  
6850 CHAMPLAIN ROAD  
JACKSONVILLE, FL 32208 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           PRESIDENT  
Name           MCCOLLORS, ROSANNA J  
Address        6850 CHAMPLAIN ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title           TREASURER  
Name           KELLAM, FREEMAN  
Address        10822 WAHINE DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title           SECRETARY  
Name           STALLINGS, BRANDY R  
Address        6850 CHAMPLAIN ROAD  
City-State-Zip: JACKSONVILLE FL 32208

*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: ROSANNA MCCOLLORS**

**PRESIDENT**

**04/18/2016**

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

\_\_\_\_\_  
Date