

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717379

FILED
Apr 13, 2009
Secretary of State

Entity Name: FELLOWSHIP OF CHRISTIAN LOVE, INC.

Current Principal Place of Business:

1320 ROCK SPRINGS DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1320 ROCK SPRINGS DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-1286909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, THOMAS
1320 ROCK SPRINGS DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SNYDER, AGATHA N MRS.
Address: 1320 ROCK SPRINGS DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: SNYDER, THOMAS J MR.
Address: 1320 ROCK SPRINGS DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: MARTIN, JOHN T MR.
Address: 1239 HEDGE COTH STREET
City-St-Zip: PALM BAY, FL 32907 US

Title: D () Delete
Name: MARTIN, CATHEY S MRS.
Address: 1239 HEDGE COTH STREET
City-St-Zip: PALM BAY, FL 32907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. SNYDER

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date