

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732600

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: LOVE OF JESUS MINISTRIES, INC.

**Current Principal Place of Business:**

7520 RIDGEWOOD AVE  
#910  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 59-1619934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LILLY, JR., LOWELL E PRES  
7520 RIDGEWOOD AVENUE  
#910  
CAPE CANAVERAL, FL 32920 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: PD ( ) Delete  
Name: LILLY, JR., LOWELL E  
Address: 7520 RIDGEWOOD AVE  
City-St-Zip: CAPE CANAVERAL, FL

Title: STD ( ) Delete  
Name: LILLY, PHYLLIS A  
Address: 7520 RIDGEWOOD AVENUE  
City-St-Zip: CAPE CANAVERAL, FL

Title: D ( ) Delete  
Name: KESSLER, DOUGLAS BISHOP  
Address: 106 MARQUITA  
City-St-Zip: SAN CLEMENTE, CA 92672

Title: D ( ) Delete  
Name: JOHNSON, GINA  
Address: 3664 BANNOCK ST  
City-St-Zip: COCOA, FL

Title: VP ( ) Delete  
Name: KELLY, WARREN T  
Address: 7809 US # 42  
City-St-Zip: FLORENCE, KY 41042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LOWELL EUGENE LILLY, JR.

PRES

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date