

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 732600

FILED
Mar 28, 2003
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:

LOWELL E LILLY, JR.
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, LOWELL E, JR.
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: VD () Delete
Name: DODSON, EDITH J.,
Address: 100 W. 30TH STREET
City-St-Zip: SANFORD, FL

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

Title: D () Delete
Name: STEVENS, STEVEN B
Address: 7400 SWEETWATER BRANCH
City-St-Zip: WEST CHESTER, OH 45069

Title: D () Delete
Name: KREIGER, FRED
Address: 6666 ODONARD #138
City-St-Zip: MADISON, WI 53719

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:

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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 for the exemption stated in Section 119.07(3)(i), 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 E. LILLY, JR.

PD

03/28/2003

Electronic Signature of Signing Officer or Director

Date

TOM KELLY
7809 US# 42
FLORENCE, KY 41042