2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758196

FILED Jan 07, 2008 Secretary of State

Entity Name: CIRCLE OF LOVE MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place of Business:	
13519 N M. JAX, FL 32			
Current M	ailing Address:	New Maili	ng Address:
P. O. BOX JACKSON'	28425 VILLE, FL 322268425 US		
El Number:	59-2187191 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	RUDER DRTH MAIN ST VILLE, FL 32218 US		
	named entity submits this statement for the pu of Florida.	rpose of changing i	ts registered office or registered agent, or both,
SIGNATUF	RE:		
	Electronic Signature of Registered Ager	t	Date
OFFICERS	AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Fitle: Name: Address: City-St-Zip:	PD () Delete RUDER, EDWIN H 13519-4 N MAIN ST JACKSONVILLE, FL 32218 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	ST () Delete GUNTER, SARA 5201 ATLANTIC BLVD. #301 JACKSONVILLE, FL US	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition GUNTER, SARA 5201 ATLANTIC BLVD. #301 JACKSONVILLE, FL US
Fitle: Name: Nddress: City-St-Zip:	VD () Delete RUDER, BETTY F, 13519-4 N MAIN ST JACKSONVILLE, FL 32218 US	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	DIR () Delete JOHNS, GEORGE 2214 HILLTOP BLVD JACKSONVILLE, FL 32246 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	DIR () Delete ANNUNZIATO, DAVID 13519 JACKSONVILLE, FL 32218 US	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition LAMPE, ERIC C 9450 CARBONDALE DR E JACKSONVILLE, FL 32208 US
Fitle: Name: Address: City-St-Zip:	DIR () Delete CRENSHAW, TERRY 7321 CEDAR POINT RD JACKSONVILLE, FL 32218 US	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition LAMPE, DOROTHY A 9450 CARBONDALE DR E JACKSONVILLE, FL 32208 US

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: EDWIN H RUDER PD 01/07/2008