

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758196

FILED
Apr 01, 2009
Secretary of State

Entity Name: CIRCLE OF LOVE MINISTRIES, INC.

Current Principal Place of Business:

13519 N MAIN ST
JAX, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 28425
JACKSONVILLE, FL 32268425 US

New Mailing Address:

FEI Number: 59-2187191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWIN H RUDER
13519-4 NORTH MAIN ST
JACKSONVILLE, FL 32218 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: RUDER, EDWIN H
Address: 13519-4 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DIR () Delete
Name: GUNTER, SARA
Address: 5201 ATLANTIC BLVD. #301
City-St-Zip: JACKSONVILLE, FL US

Title: VD () Delete
Name: RUDER, BETTY F,
Address: 13519-4 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DIR () Delete
Name: JOHNS, GEORGE
Address: 2214 HILLTOP BLVD
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SD () Delete
Name: LAMPE, ERIC C
Address: 9450 CARBONDALE DR E
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: TD () Delete
Name: LAMPE, DOROTHY A
Address: 9450 CARBONDALE DR E
City-St-Zip: JACKSONVILLE, FL 32208 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:

Title: DIR (X) Change () Addition
Name: CRENSHAW, TERRY
Address: 7321 CEDAR POINT RD
City-St-Zip: JACKSONVILLE, FL 32218 US

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: DR. EDWIN H RUDER

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date