2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# 759716

Entity Name: LOVE AND RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

2990 HERITAGE ROAD
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

2990 HERITAGE ROAD
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-2911559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYNN, CHARLES M.
310 E. JACKSON ST.
MARIANNA, FL 32446 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: TD ( ) Delete
Name: JONES, WILLIAM H
Address: 1226 MADDOX ROAD
City-St-Zip: MARIANNA, FL

Title: D ( ) Delete
Name: DEESE, DUKE
Address: 7514 SHADY GROVE ROAD
City-St-Zip: GRAND RIDGE, FL 32442

Title: D ( ) Delete
Name: DREW, MARIETTA
Address: 4810 VESEY LN
City-St-Zip: MARIANNA, FL 32446

Title: PCD ( ) Delete
Name: JOHNSON, CHRISTINE
Address: 4197 MYLES ST.
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: JONES, WILLIAM H
Address: 2685 LELAND ROAD
City-St-Zip: MARIANNA, FL 32448

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 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: WILLIAM H. JONES TD 04/12/2007

Electronic Signature of Signing Officer or Director — Date