

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 763338

1. Entity Name
LOVE AND LIFE MINISTRIES, INC.



Principal Place of Business
**3144 GALLANT DR
JACKSONVILLE, FL 32250**

Mailing Address
**3144 GALLANT DR
JACKSONVILLE, FL 32250**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
00-0000000 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARMICHAEL, HAZEL
3144 GALLANT DR
JACKSONVILLE, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PMD
CARMICHAEL, HAZEL
3144 GALLANT DR
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
CARMICHAEL, ROY
3144 GALLANT DR
JACKSONVILLE, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TOTH, JEAN
4100 NW 28TH LANE APT 26
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BLOUNT, BARBARA
21796 COUNTY ROAD 121
HILLARD, FL 32046**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JEWELL, MELANIE
2980 CHASE RIDGE RDE
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000179569
01/13/05-80023-023 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hazel Carmichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

Date

Daytime Phone #