

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763338

FILED
Apr 17, 2009
Secretary of State

Entity Name: LOVE AND LIFE MINISTRIES, INC.

Current Principal Place of Business:

45095 BROWN ST.
B-101
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

45095 BROWN ST.
B-101
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 11-3742801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMICHAEL, HAZEL
45095 BROWN ST.
B-101
CALLAHAN, FL 32011 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: PMD () Delete
Name: CARMICHAEL, HAZEL
Address: 45095 BROWN ST.
City-St-Zip: CALLAHAN, FL 32011

Title: VTD () Delete
Name: CARMICHAEL, ROY
Address: 1031 GUNKA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: TOTH, JEAN
Address: 2300 RANWILL CT
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: BLOUNT, BARBARA
Address: 5007 PINEVIEW CHURCH RD
City-St-Zip: WAYCROSS, GA 31503

Title: SD () Delete
Name: JEWELL, MELANIE
Address: 9417 HUNSTON MILL LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: HARRIS, SHARON L
Address: 21682 CR 121
City-St-Zip: HILLIARD, FL 32046

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
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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 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: HAZEL CARMICHAEL

PMD

04/17/2009

Electronic Signature of Signing Officer or Director

Date