2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2008 8:00 am DOCUMENT # 766784 Secretary of State 1. Entity Name 03-20-2008 90023 034 \*\*\*\*70.00 CHRISTIAN LOVE FELLOWSHIP MINISTRIES, INC. Principal Place of Business Mailing Address C/O JOSEPH GUADAGNINO C/O JOSEPH GUADAGNINO 747 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 747 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2170711 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUADAGNINO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4029 EASTRIDGE CIRCLE POMPANO BEACH FL 33064 City Zip Code 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 proved name of registered agent and theid applicable. (NOTE: Registured Agent signature reduced when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE 2 2 ☐ Change X Addition GUADAGNINO, ANTHONY NAME NAME Lisa Tischak 4029 EASTRIDGE CIRCLE STREET ADDRESS STREET ADDRESS 2301 NE 13 + Terrace CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP PUMPERO ALL 76 33064 TITLE ☐ Defete TITLE Addition STEPHAN, CINDY NAME NAME 4401 CRYSTAL LAKE DRIVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY+ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE Change ncitibbA 🔀 DRABIK, THOMAS NAME NAME Theodore Riley ST 738 SE 10TH TERRACE STREET ADDRESS STREET ADDRESS 471 SW SE Terrece DEERFIELD BEACH FL CITY-ST-7IP CITY-ST-ZIP Decekeld Beach 76 33441 TITLE ☐ Dalete TITLE Change ☐ Addition ARAHOOD, DONALD NAME NAME 1600 NW 33RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GUADAGNINO, JOSEPH NAME MASAF 1081 SW 19 STREET STREET ADORESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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:

3-4.08

954-428-8580

FILED