2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766784

FILED Mar 20, 2009 Secretary of State

Entity Name: CHRISTIAN LOVE FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:			ess:	New Principal	New Principal Place of Business:		
747 S. FEI	PH GUADAG DERAL HIGH LD BEACH, FI	WAY					
Current Mailing Address:				New Mailing A	New Mailing Address:		
747 S. FEI	PH GUADAG DERAL HIGH\ LD BEACH, FI	WAY					
FEI Number	: 59-2170711	FEI Numb	er Applied For()	FEI Number Not Applicable	() Certificate of Status Desired (X)		
Name and	Address of	Current Re	gistered Agent:	Name and Add	ress of New Registered Agent:		
4029 EAS	NINO, ANTHO TRIDGE CIRO D BEACH, FL	CLE	IS				
	named entity of Florida.	submits this	s statement for the p	ourpose of changing its reg	gistered office or registered agent, or both,		
SIGNATUI							
	Electro	nic Signatur	e of Registered Age	ent	Date		
OFFICER	S AND DIREC	CTORS:		ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS		
Name: Nddress:	P (GUADAGNINC 4029 EASTRII POMPANO BE	OGE CIRCLE	64	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	GUADAGNINO 4029 EASTRIE POMPANO BE TD (STEPHAN, CIN	o, ANTHONY DGE CIRCLE EACH, FL 3306) Delete NDY NL LAKE DRIVE	Ē	Name: Address:	()Change()Addition ()Change()Addition		
Name: Address: City-St-Zip: Title: Name: Address:	GUADAGNINO 4029 EASTRIL POMPANO BE TD (STEPHAN, CIN 4401 CRYSTA POMPANO BE	D, ANTHONY DGE CIRCLE ACH, FL 3306) Delete NDY NL LAKE DRIVE ACH, FL 3306) Delete MAS, TERRACE	Ē	Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Name: Address:	GUADAGNINO 4029 EASTRIL POMPANO BE TD (STEPHAN, CIN 4401 CRYSTA POMPANO BE D (DRABIK, THOI 738 SE 10TH	D, ANTHONY DGE CIRCLE ACH, FL 3306) Delete NDY LL LAKE DRIVE ACH, FL 3306) Delete MAS, TERRACE BEACH, FL) Delete ONALD D STREET	: 54	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	GUADAGNINO 4029 EASTRIE POMPANO BE TD (STEPHAN, CIN 4401 CRYSTA POMPANO BE D (DRABIK, THOI 738 SE 10TH DEERFIELD E D (ARAHOOD, DO 1600 NW 33R POMPANO BE	D, ANTHONY DGE CIRCLE ACH, FL 3306 Delete NDY LLAKE DRIVE ACH, FL 3306 Delete MAS, TERRACE BEACH, FL Delete DNALD D STREET ACH, FL 3306 Delete A HTERRACE	E 64	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip: Address:	() Change () Addition () Change () Addition		

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: ANTHONY J GUADAGNINO P 03/20/2009