

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000113

FILED  
May 08, 2006  
Secretary of State

**Entity Name:** LOVE OF GOD IN ACTION, INC.

**Current Principal Place of Business:**

1722 SAYABEC ST. NW  
PALM BAY, FL 329078689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680690  
ORLANDO, FL 32868

**New Mailing Address:**

FEI Number: 33-0090580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MAZARD, CARMEN F  
1722 SAYABEC ST. NW  
PALM BAY, FL 329078689 US

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: D ( ) Delete  
Name: MAZARD, CARMEN  
Address: 1722 SAYABEC ST. N.W.  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: VAPIL, CAMILLE  
Address: 1681 NIOBE PL  
City-St-Zip: ANAHEIM, CA 92802

Title: D ( ) Delete  
Name: MAZARD, CAMELLE  
Address: 1681 NIOBE PL  
City-St-Zip: ANAHEIM, CA 92802

**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:

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: CARMEN F. MAZARD

O/D

05/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date