

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001423

1. Entity Name

LOVE ONE ANOTHER MINISTRIES, INC.

FILED

Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90061 019 ****61.25

Principal Place of Business

Mailing Address

105 SUWANNEE AVE
BRANFORD FL 32008

7737 SOUTH SHEKINAH PLACE
O'BRIEN FL 32071

2. Principal Place of Business

1701 EMERALD DR.

3. Mailing Address

1701 EMERALD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL.

City & State

CLEARWATER FL

4. FEI Number

59-3641634

Applied For

Not Applicable

Zip

33756

Country

PINELLAS

Zip

33756

Country

PINELLAS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAEDLER, ANGELA
7737 SOUTH SHEKINAH PLACE
O'BRIEN FL 32071

Name

Angela Schaedler

Street Address (P.O. Box Number is Not Acceptable)

1701 Emerald Dr

City

Clearwater

FL

Zip Code

33756

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.

SIGNATURE

Angela Schaedler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SCHAEHLER, ANGELA
STREET ADDRESS 7737 SOUTH SHEKINAH PLACE
CITY-ST-ZIP O'BRIEN FL 32071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHAEHLER, ANTHONY D
STREET ADDRESS 7737 SOUTH SHEKINAH PLACE
CITY-ST-ZIP O'BRIEN FL 32071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMYZER, ROGER
STREET ADDRESS 250 SIESTA LANE
CITY-ST-ZIP LARGO FL 32971

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROWLETT, GRAHAM
STREET ADDRESS PO BOX 179
CITY-ST-ZIP O'BRIEN FL 32071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRISTLE, CHARLES
STREET ADDRESS 7363 S. SHEKINAH PLACE
CITY-ST-ZIP O Brien FL 32071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Angela Schaedler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA SCHAEHLER 2-20-02

Date

Daytime Phone #

CR2E037 (9/01)