


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001423	
1. Entity Name LOVE ONE ANOTHER MINISTRIES, INC.	

Principal Place of Business 250 SIESTA LANE LARGO, FL 33770	Mailing Address 250 SIESTA LANE LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3641634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMYZER, ROGER 250 SIESTA LANE LARGO, FL 33770	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000265500 03/16/05-80060-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAEGLER, ANGELA 630 MARION OVERSTREET RD. GRIMSLEY, TN 38565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAEGLER, ANTHONY D 630 MARION OVERSTREET RD. GRIMSLEY, TN 38565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMYZER, ROGER 250 SIESTA LANE LARGO, FL 32971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRISTLE, CHARLES 7363 S. SHEKINAH PLACE O BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Angela Schaelee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-10-05</u> <u>President</u> <small>Date Daytime Phone #</small>
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