2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001423

1. Entity Name
LOVE ONE ANOTHER MINISTRIES, INC.

Principal Place of Business	Mailing Address
250 SIESTA LANE LARGO, FL 33770	250 SIESTA LANE LARGO, FL 33770

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01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3641634

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMYZER, ROGER
250 SIESTA LANE
LARGO, FL 33770

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHAEDLER, ANGELA
STREET ADDRESS	630 MARION OVERSTREET RD.
CITY-ST-ZIP	GRIMSLEY, TN 38565
TITLE	D
NAME	SCHAEDLER, ANTHONY D
STREET ADDRESS	630 MARION OVERSTREET RD.
CITY-ST-ZIP	GRIMSLEY, TN 38565
TITLE	D
NAME	SMYZER, ROGER
STREET ADDRESS	250 SIESTA LANE
CITY-ST-ZIP	LARGO, FL 32971
TITLE	D
NAME	BRISTLE, CHARLES
STREET ADDRESS	7363 S. SHEKINAH PLACE
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Angela Schaedler 4/25/06 (931) 863 4859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #