

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 037 ****70.00

DOCUMENT #N00000004397

1. Entity Name
OPERATION LOVE OUTREACH, INC.



Principal Place of Business
4400 NORTH POWERS DRIVE
ORLANDO, FL 32818

Mailing Address
505 E MCCORMICK RD
APOPKA, FL 32703

50024564



08012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, RENE F
505 E MCCORMICK RD
APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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

Rene F. Jones
Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ESANNASON, MARGUERITE
STREET ADDRESS 1780 CAROLINA WREN DR
CITY-ST-ZIP OCOEE, FL 34761

TITLE VPD
NAME DEMINGS, TERRY
STREET ADDRESS 1377 VICKERS LAKE DR
CITY-ST-ZIP OCOEE, FL 34761

TITLE SD
NAME ANDERSON, SAM
STREET ADDRESS 4282 MCCINNIN RD
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE T
NAME MEYERS, MARY
STREET ADDRESS 7715 CAPE HORN CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE SA
NAME TIMS, RIVA F
STREET ADDRESS 505 E MCCORMICK RD
CITY-ST-ZIP APOPKA, FL 32703

TITLE PD
NAME JONES, RENA F
STREET ADDRESS 505 E MCCORMICK RD
CITY-ST-ZIP APOPKA, FL 32703

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IN THIS SPACE**

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:

Marguerite Esannason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

Daytime Phone #

8/3/2006

MARGUERITE ESANNASON

407-298-5220