

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90044 022 ****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**

505 E. McCormick Rd.

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP

CR2E037 (4/06)

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JONES, RENA F
505 E MCCORMICK RD
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGUERITE ESANNASON

3/29/07

Date

Daytime Phone #

407-298-5770