

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004397

FILED
Feb 10, 2009
Secretary of State

Entity Name: OPERATION LOVE OUTREACH, INC.

Current Principal Place of Business:

505 E. MCCORMICK RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

505 E. MCCORMICK RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3654473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, SAM A
505 E. MCCORMICK ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESANNASON, MARGUERITE
Address: 1780 CAROLINA WREN DR
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: DEMINGS, TERRY
Address: 1377 VICKERS LAKE DR
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: ANDERSON, SAM
Address: 4282 MCCINNIN RD
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: MEYERS, MARY
Address: 7715 CAPE HORN CT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANDERSON, SAM
Address: 4282 MCKINNON RD
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE ESANNASON

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date