


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90107 024 \*\*\*\*61.25

<b>DOCUMENT # N00000004955</b> 1. Entity Name LOVE AND UNITY FELLOWSHIP CHURCH, INC.			
Principal Place of Business 3772 S MILITARY TRAIL LAKE WORTH, FL 33463		Mailing Address 17465 38TH LANE NORTH LOXAHATCHEE, FL 33470	
2. Principal Place of Business - No P.O. Box # 1475 W. Gateway Blvd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip 33426 Country US		4. FEI Number 65-1038115 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent JAMES, KEITH A ESQ. 222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, KENDALL 17465 38TH LANE NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, YVETTE 17465 38TH LANE NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURKEY, GREGORY 5074 NORTHER LIGHTS DR. GREEN ACRES, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, ANTHONY 5810 CASSANDRA CT WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Yvette Wilder</u> (Yvette Wilder)		Date: <u>1-11-08</u> Daytime Phone #: <u>561-982-4713</u>	