

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90893 002 ****61.25

DOCUMENT # N00000005800

1. Entity Name

LOVE FELLOWSHIP OUTREACH MINISTRIES FOR JESUS CHRIST, INC.

Principal Place of Business

Mailing Address

**2780 FORMAN CIRCLE
MIDDLEBURG FL 32068**

**PO BOX 1262
MIDDLEBURG FL 32050-1262**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKES, EARNESTINE D
2780 FORMAN CIRCLE
MIDDLEBURG FL 32068**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKES, EARNESTINE D	
STREET ADDRESS	2780 FORMAN CIRCLE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WALKER, GWENDOLYN J	
STREET ADDRESS	2521 HOLLY POINT RD., E.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KEARSE, GWENDELORIS P	
STREET ADDRESS	3023 S DEER ST.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EARNESTINE D. BURKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earne D. Burk 4/12/02 282 5336 (904)

Date Daytime Phone #

CR2E037 (9/01)