


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005800
1. Entity Name
**LOVE FELLOWSHIP OUTREACH MINISTRIES FOR
JESUS CHRIST, INC.**



Principal Place of Business
**3070 BLANDING BLVD.
MIDDLEBURG, FL 32068**

Mailing Address
**PO BOX 1262
MIDDLEBURG, FL 32050-1262**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3671354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BURKES, EARNESTINE D
2780 FORMAN CIRCLE
MIDDLEBURG, FL 32068**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by May 1, 2004**

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 BURKES, EARNESTINE D 2780 FORMAN CIRCLE MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, GWENDOLYN J 2521 HOLLY POINT RD., E. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEARSE, GWENDELORIS P 3023 S DEER ST. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/04-80048-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 - Earnestine D. Burkes - March 26, 2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904/282-5336