



**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U000000098623</div> <div>03/29/04-80048-006 61.25</div> DO NOT WRITE IN THIS SPACE	
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			
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: <i>Ernestine D. Burkes</i> - <i>Ernestine D. Burkes</i> - <i>March 26, 2004</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

904/282-5336