


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005800**

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



Principal Place of Business      Mailing Address  
**3070 BLANDING BLVD.**      **PO BOX 1262**  
**MIDDLEBURG, FL 32068**      **MIDDLEBURG, FL 32050-1262**

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3671354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1300000465722  
 03/22/06-80044-012 61.25

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 2621 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	

**DO NOT WRITE IN THIS SPACE**

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 empowers.

**SIGNATURE:** *Earnestine D. Burkes* **Earnestine D. Burkes** - 317/06 <sup>904/282-5336</sup>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #