


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
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



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3671354

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

U000000392178
 04/23/08-80054-025 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 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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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.

SIGNATURE: *Earnestine D. Burkes* **April 10, 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #