

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006915

FILED
Apr 28, 2008
Secretary of State

Entity Name: LOVE AND UNITY FELLOWSHIP, INC.

Current Principal Place of Business:

5872 THISELEDOWN COURT
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5872 THISELEDOWN COURT
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 06-1599017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, DOROTHEA
1325 SOUTH CONGRESS AVE.
SUITE 202
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GARBIT, WILLIE M
Address: 119 SILVER BCH RD
City-St-Zip: WEST PALM BEACH, FL 33403

Title: D () Delete
Name: LESTER, TARA
Address: 5867 THISELEDOWN COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD () Delete
Name: EDWARDS, OCTAVIUS A PASTOR
Address: 5872 THISELEDOWN COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD () Delete
Name: EDWARDS, RAMONA D
Address: 5872 THISELEDOWN COURT
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OCTAVIUS A. EDWARDS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date