2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006915

Title:

Name:

Address:

City-St-Zip:

SD

() Delete

EDWARDS, RÁMONA D

5872 THISLEDOWN COUTR

WEST PALM BEACH, FL 33415

FILED Apr 22, 2009 Secretary of State

Entity Nan	ne: LOVE ANI	O UNITY FELLOWSHIP, INC.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:	
5872 THISELEDOWN COURT WEST PALM BEACH, FL 33415					
Current Mailing Address:			New Mailing	New Mailing Address:	
	ELEDOWN CC .M BEACH, FL				
FEI Number:	06-1599017	FEI Number Applied For ()	FEI Number Not Applicab	ole () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
JACKSON, DOROTHEA 1325 SOUTH CONGRESS AVE. SUITE 202 BOYNTON BEACH, FL 33426 US			1325 SOUTH (SUITE 202	JACKSON, DOROTHEA U 1325 SOUTH CONGRESS AVE. SUITE 202 BOYNTON BEACH, FL 33426 US	
The above in the State	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: DOROTHEA U JACKSON				04/22/2009	
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GARBIT, WILLIE 119 SILVER BC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LESTER, TARA 5867 THISELED	Delete DOWN COURT EACH, FL 33415	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, OC 5872 THISLEDO	Delete TAVIUS A PASTOR WN COURT EACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TARA LESTER D 04/22/2009

() Change () Addition