## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007436

Address:

City-St-Zip:

TRUE LOVE MINISTRIES INCORPORATED

FILED Jan 10, 2005 Secretary of State

Entity Nar	me: TRUELO	OVE MINISTRIES, INCORPOR	ATED			
Current Principal Place of Business:			New Principal Place of Business:			
TRUE LO\ ORLANDO	/E MINISTRIE ), FL 32828	S, INC				
Current Mailing Address:			New Mailing Address:			
P.O. BOX 780051 ORLANDO, FL 328780051			P.O. BOX 678469 ORLANDO, FL 328678469			
FEI Number:	: 59-3734864	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
700 FORE	N, LARRY J SI STGREEN CC ), FL 32828					
	named entity e of Florida.	submits this statement for the p	purpose of changing i	ts registere	ed office or registered agent, or both	,
SIGNATUR	RE:					_
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( ) HARRISON, LA 700 FORESTG ORLANDO, FL	REEN COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( HARRISON, LO 700 FORESTG ORLANDO, FL	REEN COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( HARRISON, LA 700 FORESTG ORLANDO, FL	REEN COURT	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ACKY A CADES COVE DR. FL 328202249	
Title: Name:	( )	) Delete	Title: Name:	D BEACHAM,	( ) Change (X) Addition KIP	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

1637 RIVEREDGE ROAD OVIEDO, FL 32766

SIGNATURE: LARRY J. HARRISON SR. D 01/10/2005