


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N00000007436 |  |
| 1. Entity Name TRUE LOVE MINISTRIES, INCORPORATED | |

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| Principal Place of Business TRUE LOVE MINISTRIES, INC ORLANDO, FL 32828 | Mailing Address P.O. BOX 678469 ORLANDO, FL 32867-8469 |
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DO NOT WRITE IN THIS SPACE



02032007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3734864 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HARRISON, LARRY J SR.
700 FORESTGREEN COURT
ORLANDO, FL 32828

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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 _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRISON, LARRY J SR 700 FORESTGREEN COURT ORLANDO, FL 32828 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRISON, LOULENE B 700 FORESTGREEN COURT ORLANDO, FL 32828 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, JACKY A 1913 CASCADES COVE DR. ORLANDO, FL 328202249 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEACHAM, KIP 1637 RIVEREDGE ROAD OVIEDO, FL 32766 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000625221
02/14/07-80066-015 61.25

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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: Larry Harrison 2/3/07 (407) 380 9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #