

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007436

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** TRUE LOVE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

TRUE LOVE MINISTRIES, INC  
ORLANDO, FL 32828

**New Principal Place of Business:**

700 FORESTGREEN COURT  
ORLANDO, FL 32828

**Current Mailing Address:**

P.O. BOX 678469  
ORLANDO, FL 328678469

**New Mailing Address:**

**FEI Number:** 59-3734864      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, LARRY J SR.  
700 FORESTGREEN COURT  
ORLANDO, FL 32828 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: D ( ) Delete  
Name: HARRISON, LARRY J SR  
Address: 700 FORESTGREEN COURT  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: HARRISON, LOULENE B  
Address: 700 FORESTGREEN COURT  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: GRANT, RUFUS  
Address: 6001 BEAU LANE.  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: BEACHAM, KIP  
Address: 1637 RIVEREDGE ROAD  
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete  
Name: ROUSE, JAMES  
Address: 267 WILSON AVE  
City-St-Zip: OVIEDO, FL 32765

**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:

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: LARRY J. HARRISON SR.

D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date