2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000613

Entity Name: LOVE CENTER MINISTRIES, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 105	LD REAGAN BL & 109 DD, FL 32750	.VD.			
Current Mailing Address:			New Mailir	New Mailing Address:	
5000 NEW BEDFORD PLACE					
318 WINTER SPRINGS, FL 32708					
FEI Number:	59-3692461	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
500 NEW E 318	T, WILBUR B BEDFORD PLAG PRINGS, FL 32				
	named entity รเ e of Florida.	bmits this statement for the pu	urpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCKNIGHT, WILI	ORD PLACE #318	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V.P. () C MCKNIGHT-GAY, 2849 BOTANY PL TALLAHASSEE, F	ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () E ALLEN, CECIL 1111 AUDUBON MAITLAND, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () E JACKSON, CONS 10400 MONTGON ALBEQUERQUIE	/JERY N.E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () E DANA, GRAHAM 9536 LAKE DOUG ORLANDO, FL 3	GLAS PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() [elete	Title: Name: Address: City-St-Zip:	M () Change (X) Addition MCKNIGHT, COREY D 5000 NEW BEDFORD PLACE WINTER SPRINGS, FL 32708	

I hereby certify that the information supplied with this filing does not qualify for the 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: W.B. MC KNIGHT P 04/22/2007