

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006037

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: LOVE JOY DEVELOPERS PIONEERS, INC.

## Current Principal Place of Business:

1046 BLACKWOOD ST.  
ALTAMONTE SPRING, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1826  
ROCKINGHAM, NC 28380

## New Mailing Address:

FEI Number: 59-3740347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ADAMS, MARGARET A  
4437 KING COLE BLVD  
ORLANDO, FL 32701      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: P ( ) Delete  
Name: ROSS, ANITA  
Address: 157 HAYWOOD AVE  
City-St-Zip: ROCKINGHAM, NC 28380

Title: S ( ) Delete  
Name: BALLARD, BETH  
Address: 508 ENTWISTLE ST  
City-St-Zip: HAMLET, NC 28345

Title: T ( ) Delete  
Name: GIBBS, LEON  
Address: 1583 E SILVER STAR RD  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: HOSKINS, DOBORAH  
Address: 22661 HOYL CIRCLE  
City-St-Zip: MAXTON, NC 28364

Title: TR ( ) Delete  
Name: INGRAM, JAMES  
Address: P.O. BOX 492  
City-St-Zip: LILLEXVILLE, NC 28391

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROSS, ANITA  
Address: 157 HAYWOOD AVE  
City-St-Zip: ROCKINGHAM, NC 28379

Title: S (X) Change ( ) Addition  
Name: SHROPSHIRE, DORETHA  
Address: 837 ALABASTER COURT  
City-St-Zip: CAPITAL HEIGHTS, MD 20743

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: ANITA ROSS

D

01/20/2008

Electronic Signature of Signing Officer or Director

Date