

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006037

FILED
Apr 22, 2009
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 28379

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

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: 1032 BATTLE DAIRY ROAD
City-St-Zip: ROCKINGHAM, NC 28379

Title: S (X) Change () Addition
Name: STRONG, TEREASA
Address: 622 WALNUT LANE
City-St-Zip: ROCKINGHAM, NC 28379

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: COPELAND, ODESSA
Address: 242 AZALEA STREET
City-St-Zip: RAEFORD, NC 28326

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

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date