## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008235

Entity Name: UNITY OF LOVE FELLOWSHIP MINISTRY, INC.

FILED Mar 02, 2009 Secretary of State

|   |   |   | ,   |  |  |  |
|---|---|---|---|--|--|--|
| Current Principal Place of Business:        |   |   |   | New Principal Place of Business:   |  |  |
|   | M BEACH LAKE                            | ES BLVD.  | 1860 OLD<br>510                             | 1860 OLD OKEECHOBEE ROAD BUILDING 500  |  |  |
| 204<br>W PALM E                             | 33409 BCH, FL                           |   |   | W PALM BCH, FL 33409   |  |  |
| Current M                                   | lailing Addres                          | s:  | New Mail                                    | New Mailing Address:   |  |  |
|   | RWOOD GLEN                              | I WAY   |   |  |  |  |
| #1<br>WEST PA                               | LM BEACH, FL                            | 33415   |   |  |  |  |
| FEI Number                                  | : 65-1156706                            | FEI Number Applied For ( )                          | FEI Number Not App                          | olicable ( )   | Certificate of Status Desired (X)  |  |
| Name and                                    | Address of C                            | urrent Registered Agent:                            | Name and                                    | Name and Address of New Registered Agent:                                    |  |  |
| 6170 SHE                                    | R, TOMMY<br>RWOOD GLEN<br>BCH, FL 33409 |   | 6170 SHE                                    | TIPTON SR, TOMMY<br>6170 SHERWOOD GLEN WAY#1<br>WEST PALM BEACH, FL 33409 US |  |  |
|   | named entity s<br>e of Florida.         | submits this statement for the p                    | urpose of changing                          | its registered o   | ffice or registered agent, or both,  |  |
| SIGNATURE:                                  |   |   |   | 03/02/2009   |  |  |
|   | Electron                                | ic Signature of Registered Age                      | ent   |  | Date   |  |
| OFFICERS AND DIRECTORS:                     |   |   |   | NS/CHANGES   | TO OFFICERS AND DIRECTOR   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | TIPTON SR, TO<br>6170 SHERWO            | Delete<br>MMY<br>OD GLEN WAY#1<br>EACH, FL 33415 US | Title:<br>Name:<br>Address:<br>City-St-Zip: | TIPTON SR, TO<br>1860 OLD OKE  | Change () Addition<br>MMY<br>ECHOBEE ROAD #510<br>EACH, FL 33409 US        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | JOINER, SHARO<br>501 S CONGRE           |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | JOINER, SHAR<br>1860 OLD OKE   | Change () Addition<br>ON<br>ECHOBEE ROAD #510<br>EACH, FL 33409 US         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | TIPTON SR, TO<br>6170 SHERWO            | Delete<br>MMY<br>OD GLEN WAY#1<br>EACH, FL 33415 US | Title:<br>Name:<br>Address:<br>City-St-Zip: | HAGANS, ALVII<br>1860 OLD OKE  | OChange () Addition<br>N<br>ECHOBEE ROAD #510<br>EACH, FL 33409 US         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ()                                      | Delete  | Title:<br>Name:<br>Address:<br>City-St-Zip: | WILLIAMS JR,<br>1860 OLD OKE   | Change (X) Addition<br>NATHANIEL<br>ECHOBEE ROAD #510<br>EACH, FL 33409 US |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ()                                      | Delete  | Title:<br>Name:<br>Address:<br>City-St-Zip: | TYSON, DEBRA<br>1860 OLD OKE   | Change (X) Addition<br>A<br>ECHOBEE ROAD #510<br>EACH. FL 33409 US         |  |

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: TOMMY TIPTON SR. P 03/02/2009