

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000003237

1. Entity Name

HORIZONTAL LOVE MINISTRIES INC.



Principal Place of Business

1805 SANS SOUCI BLVD
224
NORTH MIAMI FL 33181
US

Mailing Address

P.O. BOX 600066
N MIAMI BEACH FL 33160
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

03-0440352

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANOZAR, ST-SAUVEUR W
1805 SANS SOUCI BLVD #224
N MIAMI FL 33181

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME ANOZAR, ST-SAUVEUR W
STREET ADDRESS 1805 SANS SOUCI BLVD #224
CITY-ST-ZIP N MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000762523
05/29/07-80011-017 70.00

TITLE D ☐ Delete
NAME LUBIN, PEARLIE
STREET ADDRESS 1001 N.W. 125TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHERY, JEAN C
STREET ADDRESS 1298 N.E. 154TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RAYMOND, JEAN M
STREET ADDRESS 3752 WOODFIELD CT.
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ANOZAR, GARLENE M
STREET ADDRESS 1805 SANS SOUCI BLVD #224
CITY-ST-ZIP N MIAMI FL FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAIN, SETH J
STREET ADDRESS 616 CAPRANO DRIVE
CITY-ST-ZIP HOLY SPRINGS NC 27540

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Garlene M Anozar*

5-5-07

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