2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004801

1. Entity Name
LOVE MISSION FOUNDATION, CORP.

Principal Place of Business	Mailing Address
75 NE 202 TERRACE P-10 NORTH MIAMI BEACH, FL 33179	75 NE 202 TERRACE P-10 NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
41-2047170

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, JOSE A
75 NE 202 TERRACE #P-10
NORTH MIAMI BEACH, FL 33179

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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: J. Aguilar
Signature of new or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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04/05/04-80056-014 8.75

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	AGUILAR, JOSE A
STREET ADDRESS	75 NE 202 TERRACE #P-10
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	VELASQUEZ, MARGARITA G
STREET ADDRESS	2145 PIERCE STREET #108
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	T
NAME	AGUILAR, MILVIA
STREET ADDRESS	75 NE 202 TERRACE #P-10
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	RIVERA, RITA M
STREET ADDRESS	1228 NW 4 STREET #9
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Aguilar 4-01-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #