

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90172 042 ****61.25

DOCUMENT # N02000005274

1. Entity Name

**LOVE FOR ALL PEOPLE INTERNATIONAL MINISTRIES,
INC.**



Principal Place of Business

**119 OAK AVENUE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**119 OAK AVENUE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-6357810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**BELLMANY, GEORGE
119 OAK AVENUE
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE PD ☐ Delete
NAME **BELLMANY, GEORGE**
STREET ADDRESS **119 OAK AVENUE**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE D ☐ Delete
NAME **BELLMANY, GLORIA**
STREET ADDRESS **119 OAK AVENUE**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE T ☐ Delete
NAME **COOK, PATRICIA A**
STREET ADDRESS **1419 OAK PLACE #E**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE S ☐ Delete
NAME **FARMER, CLARA**
STREET ADDRESS **PO BOX**
CITY - ST - ZIP **ORLANDO FL 32818**

TITLE D ☐ Delete
NAME **GAINES, THOMAS**
STREET ADDRESS **P.O. BOX 616975**
CITY - ST - ZIP **ORLANDO FL 32861**

TITLE V ☐ Delete
NAME **SMITH, MATHER L**
STREET ADDRESS **713 CALABRIA DR**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D De Pardine, Gloria Jean**
STREET ADDRESS **5550 Constitution Dr.**
CITY - ST - ZIP **Orlando, FL 32809**

TITLE ☐ Change ☒ Addition
NAME **D Carlton, Janice**
STREET ADDRESS **6831 Ruben Ct.**
CITY - ST - ZIP **Orlando, FL 32818**

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

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

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

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:

George Bellmany

04/13/2006

407-830-6032