

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 047 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-6357810	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME BELLMANY, GEORGE <input type="checkbox"/> Delete		TITLE D	NAME De Pardine, Gloria Jean <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 119 OAK AVENUE	STREET ADDRESS 119 OAK AVENUE		STREET ADDRESS 550 Constitution Dr.	STREET ADDRESS 550 Constitution Dr.	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP Orlando, FL 32809	CITY-ST-ZIP Orlando, FL 32809	
TITLE D	NAME BELLMANY, GLORIA <input type="checkbox"/> Delete		TITLE D	NAME Carlton, Janice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 119 OAK AVENUE	STREET ADDRESS 119 OAK AVENUE		STREET ADDRESS 6931 Ruben Ct.	STREET ADDRESS 6931 Ruben Ct.	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP Orlando, FL 32818	CITY-ST-ZIP Orlando, FL 32818	
TITLE T	NAME COOK, PATRICIA A <input type="checkbox"/> Delete		TITLE S	NAME Gloria Bellmany <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1419 OAK PLACE #E	STREET ADDRESS 1419 OAK PLACE #E		STREET ADDRESS 119 Oak Ave	STREET ADDRESS 119 Oak Ave	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP Altamonte Springs, FL 32701	CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE S	NAME FARMER, CLARA <input checked="" type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX	STREET ADDRESS PO BOX		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32818	CITY-ST-ZIP ORLANDO, FL 32818		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE D	NAME GAINES, THOMAS <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 616975	STREET ADDRESS P.O. BOX 616975		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP ORLANDO, FL 32861	CITY-ST-ZIP ORLANDO, FL 32861		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE V	NAME SMITH, MATHER L <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 713 CALABRIA DR	STREET ADDRESS 713 CALABRIA DR		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>George Bellmany</u>			<u>George Bellmany</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>04/20/07</u>		
			Daytime Phone #: <u>407-830-6032</u>		