

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005274

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** LOVE FOR ALL PEOPLE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

119 OAK AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

119 OAK AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 02-6357810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BELLMANY, GEORGE  
Address: 119 OAK AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S ( ) Delete  
Name: BELLMANY, GLORIA  
Address: 119 OAK AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Delete  
Name: COOK, PATRICIA A  
Address: 1419 OAK PLACE #E  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: GAINES, THOMAS  
Address: P.O. BOX 616975  
City-St-Zip: ORLANDO, FL 32861

Title: V ( ) Delete  
Name: SMITH, MATHER L  
Address: 713 CALABRIA DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE BELLMANY

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date