2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N02000006284

Entity Name: GREATER LOVE COMMUNITY INVOLVEMENT, INC.

Current Principal Place of Business:

143 MAIN ST. (HIGHWAY PARK)
LAKE PLACID, FL 33852

New Principal Place of Business:

143 VISION ST. (HIGHWAY PARK)
LAKE PLACID, FL 33852

Current Mailing Address:

27 PALM CIRCLE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0618971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HULEN, JAMES L
25 PALM CIRCLE
AVON PARK, FL 33825 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: HULEN, JAMES L
Address: 25 PALM CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: SHULER, LOU BERTHA
Address: P.O. BOX 546
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: WALTON, VERDIE
Address: 113 HAZEL AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete
Name: KEMP, DANIE L
Address: 100 FLORIDA DR.
City-St-Zip: LAKE PLACID, FL 33852

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. HULEN PD 04/21/2005
Electronic Signature of Signing Officer or Director — Date