

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007177

FILED
May 01, 2005
Secretary of State

Entity Name: OPERATION LOVE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

814 S WALNUT AVE
FT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

814 S WALNUT AVE
FT MEADE, FL 33841

New Mailing Address:

FEI Number: 06-1644466 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, ANGELA J
814 S WALNUT AVE
FT MEADE, FL 33841 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: D () Delete
Name: CLARK, ANGELA
Address: 814 S WALNUT AVE
City-St-Zip: FT MEADE, FL 33841

Title: D () Delete
Name: CLARK, ROBERT
Address: 814 S WALNUT AVE
City-St-Zip: FT MEADE, FL 33841

Title: D () Delete
Name: LOGAN, WANDA
Address: 815 CAROLE ST #8
City-St-Zip: LAKE LAND, FL 33803

Title: T () Delete
Name: CAMPBELL, DRACHEKA
Address: 6025 MARGIE CT
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: BAKER, TANDA
Address: 825 HICKORY LANE
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LOGAN, WANDA
Address: 715 KING AVENUE
City-St-Zip: LAKE LAND, FL 33815

Title: VP (X) Change () Addition
Name: BAKER, TANDA
Address: 825 HICKORY LANE
City-St-Zip: FORT MEADE, FL 33841

Title: S (X) Change () Addition
Name: CAMPBELL, DRACHEKA
Address: 6025 MARGIE CT
City-St-Zip: ORLANDO, FL 32807

Title: T (X) Change () Addition
Name: MCMILLAN, TINA
Address: 203 SOUTH 4TH STREET
City-St-Zip: FORT MEADE, FL 33841

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: DRACHEKA CAMPBELL

S

05/01/2005

Electronic Signature of Signing Officer or Director

Date