2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006
Secretary of State

DOCUMENT# N02000007177

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:	LOGAN, WANDA	
Address:	715 KING AVENUE	
City-St-Zip:	LAKELAND, FL 33815	
Title:	VP	( ) Delete
Name:	BAKER, TANDA	
Address:	825 HICKORY LANE	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	S	( ) Delete
Name:	CAMPBELL, DRACHEKA	
Address:	6025 MARGIE CT	
City-St-Zip:	ORLANDO, FL 32807	
Title:	T	( ) Delete
Name:	MCMILLAN, TINA	
Address:	203 SOUTH 4TH STREET	
City-St-Zip:	FORT MEADE, FL 33841	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BAKER, TANDA	
Address:	850 SOUTH PINE	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	S	(X) Change ( ) Addition
Name:	BARROTT, DRACHEKA	
Address:	6025 MARGIE CT	
City-St-Zip:	ORLANDO, FL 32807	
Title:	T	(X) Change ( ) Addition
Name:	WILLIAMS, GLORIA	
Address:	5825 CHARLTON DRIVE	
City-St-Zip:	LAKELAND, FL 33813	

I hereby certify that the information supplied with this filing does not qualify for the 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: DRACHEKA BARROTT S 05/26/2006

Electronic Signature of Signing Officer or Director — Date