

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007177

FILED
May 16, 2008
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:

P.O. BOX 24
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 J
Address: 814 S WALNUT AVE
City-St-Zip: FT MEADE, FL 33841

Title: D () Delete
Name: LOGAN, WANDA
Address: 1705 KING AVENUE APT B
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: BAKER, TANDA
Address: 850 SOUTH PINE
City-St-Zip: FORT MEADE, FL 33841

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

Title: T () Delete
Name: WILLIAMS, GLORIA
Address: 5825 CHARLTON DRIVE
City-St-Zip: LAKELAND, FL 33813

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: DRACHEKA BARROTT

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05/16/2008

Electronic Signature of Signing Officer or Director

Date