

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007177

FILED  
Apr 21, 2009  
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:**

32 SW DR. MLK STREET  
FT MEADE, FL 33841

**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 ( )**

**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 (X) 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: DT (X) Change ( ) Addition  
Name: LOGAN, WANDA  
Address: 1705 KING AVENUE APT B  
City-St-Zip: LAKELAND, FL 33803

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

S

04/21/2009

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

\_\_\_\_\_  
Date