

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# N02000008999

Entity Name: GIFT OF LOVE MINISTRY INCORPORATED

Current Principal Place of Business:

503 W 128 AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

503 W 128 AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 03-0492180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, JOSE
4023 N ARMENIA AVENUE
SUITE 280
TAMPA, FL 33607

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: P () Delete
Name: SERRANO, SAMUEL
Address: 503 W 128 AVENUE
City-St-Zip: TAMPA, FL 33612

Title: V () Delete
Name: SERRANO, MARIA I
Address: 503 W 128 AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: DIAZ, RUTH E
Address: 16018 SADDLECREEK DR.
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BURROWS, RICHARD
Address: 6407 49ST. N.
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: ROMAN, RAQUEL
Address: 3210 SANDSPUR DR.
City-St-Zip: TAMPA, FL 33618

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 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: SAMUEL SERRANO

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date