

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008999

FILED  
Jan 04, 2005  
Secretary of State

**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 US

**Name and Address of New Registered Agent:**

SERRANO, SAMUEL  
503 W. 128 AVE  
TAMPA, FL 33612 US

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: SAMUEL SERRANO

01/04/2005

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

01/04/2005

Electronic Signature of Signing Officer or Director

Date