2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008999

FILED Jul 01, 2006 Secretary of State

Entity Name: GIFT OF LOVE MINISTRY INCORPORATED

| Current F | Principal Place of Business: | New Principal Place of Business: |
|---|---|---|
| 503 W 12 TAMPA, F | 8 AVENUE FL 33612 | |
| Current l | Mailing Address: | New Mailing Address: |
| 503 W 12 TAMPA, F | 8 AVENUE FL 33612 | |
| In accorda | r: 03-0492180 FEI Number Applied For nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Age | n did not receive the prior notice. |
| 503 W. 12 TAMPA, F | FL 33612 US | or the purpose of changing its registered office or registered agent, or both, |
| | te of Florida. | |
| SIGNATL | | Det |
| | Electronic Signature of Register | ed Agent Date |
| | - | • |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |
| Title: Name: Address: | P () Delete SERRANO, SAMUEL 503 W 128 AVENUE | • |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | P () Delete SERRANO, SAMUEL 503 W 128 AVENUE TAMPA, FL 33612 V () Delete SERRANO, MARIA I 503 W 128 AVENUE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip: | P () Delete SERRANO, SAMUEL 503 W 128 AVENUE TAMPA, FL 33612 V () Delete SERRANO, MARIA I 503 W 128 AVENUE TAMPA, FL 33612 D () Delete DIAZ, RUTH E 16018 SADDLECREEK DR. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: |
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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: SAMUEL SERRANO P 07/01/2006