

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003347

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** LOVE MEMORIAL CHRISTIAN CENTER INC

**Current Principal Place of Business:**

3184 NW 43RD ST.  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3184 NW 43RD ST.  
LAUDERDALE LAKES, FL 33309

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

WILLIAMS, SYLVIA  
3184 NW 43RD STREET  
LAUDER LAKES, FL 33309 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, SYLVIA  
Address: 3184 NW 43RD STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: V ( ) Delete  
Name: WILLIAMS, JAMES L  
Address: 3184 NW 43RD STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: REV.SYLVIA F. WILLIAMS

P

04/29/2005

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

\_\_\_\_\_  
Date