

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # N03000005096

1. Entity Name

ACTS OF LOVE CHRISTIAN FELLOWSHIP INC.



04-08-2005 90266 001 ****61.25

04-08-2005 90266 002 *****8.75

Principal Place of Business

3717 SAND PEBBLE DRIVE
VALRICO FL 33594

Mailing Address

P.O. BOX 218
THONOTOSASSA FL 33592-0218

2. Principal Place of Business

10511 Florence Ave.

3. Mailing Address

Suite, Apt. #, etc.

Lot 250

City & State

Thonotosassa, FL

Zip
33592

Country
USA

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

04-3758924

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLIDDEN, ARLENE
10511 FLORENCE AVENUE
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STONER, MARY BETH REV.
STREET ADDRESS 10511 FLORENCE AVE
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE TD ☐ Delete
NAME GLIDDEN, ARLENE
STREET ADDRESS 10511 FLORENCE AVE
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE D ☐ Delete
NAME NICHOLS, DAWN ADMINST
STREET ADDRESS 3717 SAN PEBBLE DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete
NAME NICHOLS, TERRI AT-LARG
STREET ADDRESS 3717 SAN PEBBLE DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☐ Change ☒ Addition
NAME KAREN ANN CHILDRESS
STREET ADDRESS 8604 FANTASIA PARKWAY
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arlene Glidden ARLENE GLIDDEN

4/5/05 (813)986-8849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #