


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90377 001 ****61.25
04-27-2006 90377 002 *****8.75

DOCUMENT # N03000005096	
1. Entity Name ACTS OF LOVE CHRISTIAN FELLOWSHIP, INC.	

Principal Place of Business 10511 FLORENCE AVE LOT 250 THONOTOSASSA FL 33592 US	Mailing Address P.O. BOX 218 THONOTOSASSA FL 33592-0218 US
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 04-3758924	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when re-electing)
Signature typed or printed name of registered agent and title if applicable DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONER, MARY BETH REV. 10511 FLORENCE AVE THONOTOSASSA FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY B. WEAVER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8473 FANTASIA PARKWAY RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLIDDEN, ARLENE 10511 FLORENCE AVE THONOTOSASSA FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBERLY A. STIDHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8604 FANTASIA PARKWAY RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, DAWN ADMINST 3717 SAN PEBBLE DRIVE VALRICO FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, TERRI AT-LARG 3717 SAN PEBBLE DRIVE VALRICO FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHILDRESS, KAREN A 8604 FANTASIA PARKWAY RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAREN A. CHILDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8604 FANTASIA PARKWAY RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 4/18/06 (813) 986-8849