

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3758924

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	STONER, MARY BETH REV.	
STREET ADDRESS	10511 FLORENCE AVE	
CITY - ST - ZIP	THONOTOSASSA FL 33592	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLIDDEN, ARLENE	
STREET ADDRESS	10511 FLORENCE AVE	
CITY - ST - ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, NANCY B	
STREET ADDRESS	8473 FANTASIA PKWY	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STIDMAN, KIMBERLY A	
STREET ADDRESS	8604 FANTASIA PKWY	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDRESS, KAREN A	
STREET ADDRESS	8604 FANTASIA PARKWAY	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000731008
CITY - ST - ZIP	05/08/07-80102-018 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

4/20/2007

(813) 986-8849