

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006449

FILED
Jun 19, 2008
Secretary of State

Entity Name: TOUGH LOVE MINISTRIES, INC.

Current Principal Place of Business:

840 NW 142ND STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

840 NW 142ND STREET
MIAMI, FL 33168

New Mailing Address:

FEI Number: 27-0103415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIELDS, LARCENIA B
840 NW 142ND STREET
MIAMI, FL 33168 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: FIELDS, LARCENIA B
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: V () Delete
Name: FIELDS, KAHLEIA J
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: S () Delete
Name: LOPEZ, BONNIE
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: O () Delete
Name: WALKER, EBONY C
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: O (X) Delete
Name: HARRIS, ANDREA A
Address: 840 N.W 142 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: LOPEZ, BONNIE
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: D (X) Change () Addition
Name: SCOTT, AKUA
Address: 840 NW 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LARCENIA B. FIELDS

P

06/19/2008

Electronic Signature of Signing Officer or Director

Date