

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006489

FILED  
Feb 25, 2007  
Secretary of State

Entity Name: LOVE MINISTRY CORPORATION

**Current Principal Place of Business:**

617 DUVAL STREET  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 404  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 01-0792903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WASHINGTON, BARRY L  
1307 MYRA STREET  
LIVE OAK, FL 32060 US

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

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: VP ( ) Delete  
Name: LUMPKIN, DETRIS W  
Address: 5001 BRANDED OAKS CT.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Delete  
Name: WASHINGTON, EVELYN  
Address: 1307 MYRA STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: P ( ) Delete  
Name: LUMPKIN, RONALD B  
Address: 5001 BRANDED OAKS CT.  
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: S (X) Change ( ) Addition  
Name: LUMPKIN, DETRIS W  
Address: 5001 BRANDED OAKS CT.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T (X) Change ( ) Addition  
Name: WASHINGTON, EVELYN  
Address: 1307 MYRA STREET  
City-St-Zip: LIVE OAK, FL 32060

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 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: RONALD B. LUMPKIN

P

02/25/2007

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

\_\_\_\_\_  
Date