

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000133

FILED
Jul 01, 2005
Secretary of State

Entity Name: GOOD LOVE FOUNDATION, INC.

Current Principal Place of Business:

1302 SELBYDON WAY
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1302 SELBYDON WAY
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 68-0575117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GOODWIN, VINCENT
1302 SELBYDON WAY
WINTER GARDEN, FL 34787 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: PD () Delete
Name: GOODWIN, VINCENT
Address: 1302 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: GOODWIN, LOVERY
Address: 1302 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: BACCUS, JEFFREY
Address: 327 STERLING ROSE CT.
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: TAYLOR, JOY C
Address: 2621 SHAD CT.
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: WILDER, CHARLIE M
Address: 1007 STUCKI TERRACE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODWIN, VINCENT PD
Address: 1302 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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

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 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 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: LOVERY GOODWIN

VD

07/01/2005

Electronic Signature of Signing Officer or Director

Date