

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000316

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: FIRST LOVE MINISTRIES, INC.

## Current Principal Place of Business:

6992 BRESCIA WAY  
ORLANDO, FL 32819

## New Principal Place of Business:

1415 WALTHAM AVE  
ORLANDO, FL 32809

## Current Mailing Address:

6992 BRESCIA WAY  
ORLANDO, FL 32819

## New Mailing Address:

PO BOX 568002  
ORLANDO, FL 32856

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, LEAH  
6992 BRESCIA WAY  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

RAMIREZ, LEAH  
1415 WALTHAM AVE  
ORLANDO, FL 32809 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:

03/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RAMIREZ, LEAH  
Address: 6992 BRESCIA WAY  
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete  
Name: RAMIREZ, LARRY  
Address: 6992 BRESCIA WAY  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: WYNN, DEBRA  
Address: 1720 HAVEN DR.  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RAMIREZ, LEAH A  
Address: 1415 WALTHAM AVE  
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Change ( ) Addition  
Name: RAMIREZ, LAURO T  
Address: 1415 WALTHAM AVE  
City-St-Zip: ORLANDO, FL 32809

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: LEAH A. RAMIREZ

VD

03/21/2009

Electronic Signature of Signing Officer or Director

Date