



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5-2-2005 90991-017

61.25

DOCUMENT # N04000003700 1. Entity Name SOMEBODY LOVES YOU MINISTRY, INC.						FILED 05 AUG 12 PM 12:41 CLERK OF STATE TALLAHASSEE, FLORIDA <div style="text-align: right; font-weight: bold; font-size: 1.2em;">50046584</div> 	
Principal Place of Business 235 COBBLESTONE DR SPRING HILL, FL 34606				Mailing Address P.O. BOX 11237 SPRING HILL, FL 34610			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROBINSON, TIMOTHY P 4436 COMMERCIAL WAY SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name: <u>Tammy M. Bennett</u> Street Address (P.O. Box Number is Not Acceptable): <u>235 Cobblestone Dr</u> City: <u>Spring Hill</u> State: <u>FL</u> Zip Code: <u>34606</u>			
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: <u>Tammy M. Bennett</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4-22-05</u>			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENNETT, TAMMY P.O. BOX 11237 SPRING HILL, FL 34610			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENNETT, RICHARD P.O. BOX 11237 SPRING HILL, FL 34610			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEST, JAMES 1091 ROOSEVELT AVE MASARYKTOWN, FL 34604			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEST, JAQUELINE 1091 ROOSEVELT AVE MASARYKTOWN, FL 34604			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Tammy M. Bennett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>AUG 12 2005</u> <small>Daytime Phone #</small>			