2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004319

BROWN, KENNETH E

2202 WEST PENSACOLA ST

TALLAHASSEE, FL 32304

Name:

Address: City-St-Zip: FILED Feb 21, 2008 Secretary of State

Entity Name: LOVE & FAITH MINISTRIES COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1500 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1500 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 FEI Number: 37-1489063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNNINGHAM, JULIA E FARLEY, TEIRA E 3530 CHATELAINE CT. 812 EUGENIA STREET TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32310 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: TEIRA E. FARLEY 02/21/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Delete () Change () Addition SIMMONS, SAMUEL L Name: Name: 4779 BUCKHEAD CT Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HARRIS, JOHN D Name: HARRIS, JOHN D Address: 1642 HARDIN ST Address: 800 BROWARD RD. #A-202 City-St-Zip: QUINCY, FL 32351 US City-St-Zip: JACKSONVILLE, FL 32218 US Title: () Delete Title: (X) Change () Addition CUNNINGHAM, JULIA E FARLEY, TEIRA E Name: Name: 812 EUGENIA STREET, #1 3530 CHATELAINE CT. Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip: TALLAHASSEE, FL 32308 US Title: () Delete Title: () Change () Addition FRANKLIN, TERRESSA N Name: Name: 1740 BROOKSIDE BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: MEM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SAMUEL L. SIMMONS PCEO 02/21/2008