2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N0400005263 07-31-2006 90007 045 ****61 25 CHARITY & LOVE, INC. Principal Place of Business Mailing Address JUU#444-2086 N. POWERS DRIVE 2086 N. POWERS DRIVE ORLANDO, FL 32818 ORLANDO, FL 32868 2. Principal Place of Business 3. Mailing Address P.O. Box <u>८४०४५ ७</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 06092006 Chg-NP CR2E037 (4/06) Orlando Flanda City & State 4. FEI Number 20-2182031 City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 821868 11.8. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANSAR, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2086 N. POWERS DR ORLANDO, FL 32818 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CEO TITLE ☐ Delete TITLE Presidera ☐ Change Addition Disougne Martin NAME ANSAR, BARBARA NAME 2086 N. POWERS DR. 7.0. Box 1440 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP Orlando, Florida 32802 S ☐ Delete TITLE vice President ☐ Change Addition ALLEN, LATIFAH NAME NAME Lamour spaulding STREET ADDRESS 2086 N POWERS DR. STREET ADDRESS 1685 quains would ORLANDO, FL 32818 CITY+ST-ZIP CITY-SI-ZIP Orlando, Florida 38808 Delete TITLE TITLE Director ☐ Channe Addition John Pote ALLAN, KATHERINE NAME NAME 1030 20. Kaley Avenue STREET ADDRESS 4758 OLIVE BRANEH ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Orlando, Florida 32805 Delete Treasure ☐ Change Addition THILE TITLE Janet Fogg Nook BREONRIDGE, RUDINE NAME STREET ADDRESS 199 KASSIK CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-7P ORLANDO, FL 32824 Delete Addition Secretary Nereida Rivera TITLE ΑM TITLE NAME PRIESTER, JESSICA NAME 590 N. Semoran Blud Ste 700 STREET ADDRESS 2807 BERKSHIRE CIRCLE STREET ADDRESS KISSIMMEE, FL 34743 CITY-ST-7IP CITY-ST-7IP Florida 32807 Addition ☐ Change DOCM TITE F THLE JOHNSON, RITA M NAME NAME STREET ADDRESS **464 W LYMAN AVENUE** STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP

FILED

Jul 31, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

ANSUN, COO 7/25/04