

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005886

FILED
Apr 18, 2005
Secretary of State

Entity Name: LOVE THY NEIGHBOR MINISTRY, INC.

Current Principal Place of Business:

353 S.W. PILOTS WAY
LAKE CITY, FL 32024

New Principal Place of Business:

403 WEST DUVAL STREET
LAKE CITY, FL 32055

Current Mailing Address:

353 S.W. PILOTS WAY
LAKE CITY, FL 32024

New Mailing Address:

P.O. BOX 967
LAKE CITY, FL 32056

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERRIL, HUGH G
353 S.W. PILOTS WAY
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

SHERRIL, HUGH G
403 WEST DUVAL STREET
LAKE CITY, FL 32055 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:

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHERRILL, HUGH
Address: 353 S.W. PILOTS WAY
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: SHERRILL, GEORGIA
Address: 353 S.W. PILOTS WAY
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: MARCELLINO, MICHAEL
Address: 601 S.W. MARY TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: MARCELLINO, SUE
Address: 601 S.W. MARY TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: ST (X) Delete
Name: MCMANUS, BILL
Address: 441 N.W. WASHINGTON ST.
City-St-Zip: LAKE CITY, FL 32024

Title: ST (X) Delete
Name: MCMANUS, SHIRLEY
Address: 441 N.W. WASHINGTON ST.
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHERRILL, HUGH
Address: 403 WEST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: SHERRILL, GEORGIA
Address: 403 WEST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055

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: MICHAEL J. MARCELLINO

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date