2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N04000006881

Entity Name: LIVING LOVE MINISTRIES INC

Current Principal Place of Business:

909 PARK FOREST LANE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

909 PARK FOREST LANE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 02-0698510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, NICOLE D
909 PARK FOREST LANE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, ELDON V
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete
Name: JONES, NICOLE D
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: JONES, ELDON V
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VTSD (X) Change ( ) Addition
Name: JONES, NICOLE D
Address: 909 PARK FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: MCCARTHY, MARGARITA
Address: 232 LAUREL LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Change (X) Addition
Name: HADLEY, WILLEAN
Address: 911 PARKRIDGE CIR. W
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: PRESSLEY, DONALD J
Address: 1260 LORENTO
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: LEE, CYNTHIA
Address: 3325 MAYFLOWER ST. #5
City-St-Zip: JACKSONVILLE, FL 32205

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: NICOLE D. JONES VTSD 04/30/2005

Electronic Signature of Signing Officer or Director — Date