
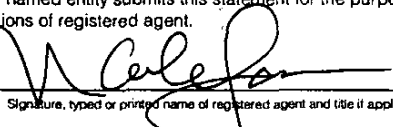


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 033 ****61.25

DOCUMENT # N04000006881					
1. Entity Name LIVING LOVE MINISTRIES INC					
Principal Place of Business 909 PARK FOREST LANE JACKSONVILLE, FL 32211			Mailing Address 909 PARK FOREST LANE JACKSONVILLE, FL 32211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0698510	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, NICOLE D 909 PARK FOREST LANE JACKSONVILLE, FL 32211				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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  (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE	PCD	<input type="checkbox"/> Delete			
NAME	JONES, ELTON V				
STREET ADDRESS	909 PARK FOREST LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32211				
TITLE	VTSD	<input type="checkbox"/> Delete			
NAME	JONES, NICOLE D				
STREET ADDRESS	909 PARK FOREST LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32211				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCCARTHY, MARGARITA				
STREET ADDRESS	232 LAUREL LANE				
CITY-ST-ZIP	PONTE VEDRA, FL 32082				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HADLEY, WILLEAN				
STREET ADDRESS	911 PARKRIDGE CIR. W				
CITY-ST-ZIP	JACKSONVILLE, FL 32211				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	PRESSLEY, DONALD J				
STREET ADDRESS	1260 LORENTON				
CITY-ST-ZIP	JACKSONVILLE, FL 32211				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LEE, CYNTHIA				
STREET ADDRESS	3325 MAYFLOWER ST. #5				
CITY-ST-ZIP	JACKSONVILLE, FL 32205				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MARK Williams				
STREET ADDRESS	2010 Samanta				
CITY-ST-ZIP	Jacksonville FL 32211				
TITLE	N M D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Nicole D. Jones				
STREET ADDRESS	909 Park Forest Lane				
CITY-ST-ZIP	Jacksonville, FL 32211				
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.					



05032006 Chg-NP CR2E037 (4/06)

4/16/06

Signature: Nicole Jones / Nicole Jones 4/16/06 9047245508