
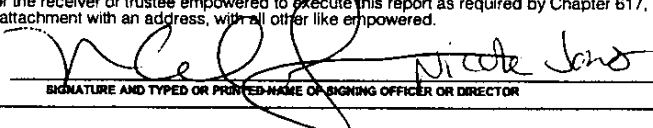


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90061 034 \*\*\*\*61.75

<b>DOCUMENT # N04000006881</b> 1. Entity Name <b>LIVING LOVE MINISTRIES INC</b>					
Principal Place of Business <b>909 PARK FOREST LANE JACKSONVILLE, FL 32211</b>			Mailing Address <b>909 PARK FOREST LANE JACKSONVILLE, FL 32211</b>		
2. Principal Place of Business - No P.O. Box # <b>8710 Lone Star Rd</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite A</b>			Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b>			City & State		
Zip <b>32211</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>02-0698510</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, NICOLE D 909 PARK FOREST LANE JACKSONVILLE, FL 32211</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JONES, ELDON V 909 PARK FOREST LANE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD JONES, NICOLE D 909 PARK FOREST LANE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, MARGARITA 232 LAUREL LANE PONTE VEDRA, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, WILLEAN 911 PARKRIDGE CIR. W JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MARK 2010 SAMANTEZ JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, CYNTHIA 3325 MAYFLOWER ST. #5 JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Nicole Jones</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/30/07</b> Daytime Phone # <b>904 724-5501</b>					