

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006881

FILED
May 05, 2009
Secretary of State

Entity Name: LIVING LOVE MINISTRIES INC

Current Principal Place of Business:

8076 LONE STAR RD
SUITE B
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

Title: TD () Delete
Name: LEE, CYNTHIA
Address: 5814 LISKA DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 JONES

VMD

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date