

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011236

FILED
Feb 15, 2007
Secretary of State

Entity Name: GOD'S LOVE MINISTRY S.S.S. INC.

Current Principal Place of Business:

PO BOX 353584
PALM COAST, FL 32135

New Principal Place of Business:

114 BOULDER ROCK DRIVE
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 353584
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 20-2021314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCEY, JUANITA
12868 SW 21 ST
MIRAMAR, FL 33027 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, SIMS E
Address: 114 BOULDER ROCK DR
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: JONES, PHILIPPA T
Address: 114 BOULDER ROCK DR
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: DAIL, LINDA
Address: PO BOX 353584
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: BROWN, ELIZA
Address: PO BOX 353584
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: MINCEY, JUANITA
Address: P.O. BOX 353584
City-St-Zip: PALM COAST, FL 32135

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 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: SIMS E JONES

P

02/15/2007

Electronic Signature of Signing Officer or Director

Date