2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011236

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

FILED Feb 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

114 BOULDER ROCK DRIVE PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

P.O. BOX 353584 PALM COAST, FL 32135

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINCEY, JUANITA 12868 SW 21 ST MIRAMAR, FL 33027

US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Change () Addition () Delete JONES, SIMS E Name: Name: 114 BOULDER ROCK DR Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, PHILIPPA T Name: Address: 114 BOULDER ROCK DR Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition DAIL, LINDA Name: Name: PO BOX 353584 Address: Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip: Title: D () Delete Title: () Change () Addition

Name: BROWN, ELIZA Name: Address: PO BOX 353584 Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip:

Title: () Delete Title: () Change () Addition

MINCEY, JUANITA Name: Name: P.O. BOX 353584 Address: Address: PALM COAST, FL 32135 City-St-Zip: 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: SIMS E JONES Ρ 02/13/2008