

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011868

FILED
Apr 30, 2008
Secretary of State

Entity Name: LOVING THY NEIGHBOR MINISTRIES, INC

Current Principal Place of Business:

5080 ROSAMOND DR. APT 3009
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5080 ROSAMOND DR. APT 3009
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 41-2161353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS JR, NATHANIEL
5080 ROSAMOND DR. APT 3009
ORLANDO, FL 32808 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: D () Delete
Name: OWENS JR, NATHANIEL
Address: 5080 ROSAMOND DR. APT 3009
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: OWENS, JESSICA
Address: 5080 ROSAMOND DR. APT 3009
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: MOTT, SHARON
Address: 3120 CLEWISTON ST
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: WOODARD, CORRINE
Address: 2811 OMEGA CT
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: MAYHUE, ANNIE
Address: 910 AARON AVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWENS JR, NATHANIEL
Address: 5080 ROSAMOND DR. APT 3009
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change () Addition
Name: OWENS, JESSICA
Address: 5080 ROSAMOND DR. APT 3009
City-St-Zip: ORLANDO, FL 32808

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

Title: S (X) Change () Addition
Name: WOODARD, CORRINE
Address: 2811 OMEGA CT
City-St-Zip: ORLANDO, FL 32810

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: NATHANIEL OWENS JR.

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date