

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000065

FILED  
May 01, 2009  
Secretary of State

Entity Name: JESUS LOVES ME MINISTRIES, INC.

**Current Principal Place of Business:**

4740 N.W. 7TH AVENUE  
UNIT A  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

559 N.W. 58 STREET  
MIAMI, FL 33127 US

**New Mailing Address:**

FEI Number: 35-2245006      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:**

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

OWENS, DIANE E DIR  
559 N.W. 58 STREET  
MIAMI, FL 33127 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OWENS, DIANE E DIR  
Address: 559 N.W. 58 STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: O ( ) Delete  
Name: FRANKLIN, KAREN OFFICER  
Address: 6831 N.W. 13 AVENUE  
City-St-Zip: MIAMI, FL 33127 US

Title: S ( ) Delete  
Name: WHITE, RUENETTE SEC  
Address: 6091 N.W. 15 AVENUE, #4  
City-St-Zip: MIAMI, FL 33142 US

Title: T ( ) Delete  
Name: SIMPKINS, CLAYONA T TRE  
Address: 4740 N.W. 7 AVENUE, UNIT A  
City-St-Zip: MIAMI, FL 33127

**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:

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: DIANE E. OWENS

DIR

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date