

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90063 006 ****61.25

DOCUMENT # N05000001908					
1. Entity Name LOVE FELLOWSHIP MINISTRIES, INC.					
Principal Place of Business 2515 NW 163RD STREET OPA LOCKA, FL 33054			Mailing Address 2515 NW 163RD STREET OPA LOCKA, FL 33054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0891120	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERON, WANTWORTH 4998 SW 8TH CT MARGATE, FL 33068			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HERON, WANTWORTH STREET ADDRESS 4998 SW 8TH CT CITY - ST - ZIP MARGATE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BECKHAM, CORDELIA STREET ADDRESS 20600 NW 33 PL CITY - ST - ZIP CAROL CITY, FL 33056	<input type="checkbox"/> Delete		TITLE NAME ST/ BECKHAM, CORDELIA STREET ADDRESS 20600 NW 33 PL CITY - ST - ZIP CAROL CITY, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LAFALAISE, GUERLING STREET ADDRESS 7644 GRANDVIEW BLVD. CITY - ST - ZIP MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE NAME D GENTLES, CHRISTOPHER STREET ADDRESS NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WOODS, BERNARD STREET ADDRESS 2984 NW 71 ST CITY - ST - ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		TITLE NAME D JOHNSON, ANTHONY STREET ADDRESS 6296 NW 186TH ST, APT. 114E CITY - ST - ZIP HIALEAH, FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, SHERMAN STREET ADDRESS 18811 NW 98TH AVE CITY - ST - ZIP MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete		TITLE NAME D EXANTUS, MARJORIE STREET ADDRESS 20000 NW 33 PL CITY - ST - ZIP MIAMI GARDENS, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WATSON, DESMOND STREET ADDRESS 19700 NW 11 AVE CITY - ST - ZIP MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete		TITLE NAME D SMITH, SHARON STREET ADDRESS 18811 NW 98TH AVE CITY - ST - ZIP MIAMI GARDENS, FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			_____		

40074313



03302007 Chg-NP CR2E037 (12/06)

FL

DATE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECTION II CONTINUED

ATTACHMENT

40074315

#N05800001908

TITLE NAME STREET ADDRESS	DIRECTOR BECKHAM, EVELINA 20600 NW 33 PL CAROL CITY, FL 33056
TITLE	

☐ CHANGE ☒ ADDITION