

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001908

FILED
Apr 11, 2008
Secretary of State

Entity Name: LOVE FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

2515 NW 163RD STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2515 NW 163RD STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 55-0891120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERON, WANTWORTH
4998 SW 8TH CT
MARGATE, FL 33068 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: PD () Delete
Name: HERON, WANTWORTH
Address: 4998 SW 8TH CT
City-St-Zip: MARGATE, FL 33068

Title: ST () Delete
Name: BECKHAM, CORDELIA
Address: 20600 NW 33 PL
City-St-Zip: CAROL CITY, FL 33056

Title: D () Delete
Name: GENTLES, CHRISTOPHER
Address: 7644 GRANDVIEW BLVD.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: JOHNSON, ANTHONY
Address: 6296 NW 186 TH ST. APT 114E
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: ERANTUS, MARJORIE
Address: 20001 NW 3 PL
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SMITH, SHARON
Address: 18811 NW 9TH AVE
City-St-Zip: MIAMI, FL 33169

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: D (X) Change () Addition
Name: EXANTUS, MARJORIE
Address: 20001 NW 3 PL
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition
Name: SMITH, SHARON
Address: 18811 NW 9TH AVE
City-St-Zip: MIAMI, FL 33169

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: WANTWORTH HERON

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date