

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 044 ****61.25

DOCUMENT # N05000002188

1. Entity Name
IT'S A LOVE THANG MINISTRY, INC.



Principal Place of Business
**11432 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071**

Mailing Address
**11432 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071**



2. Principal Place of Business
8063 Buttonwood Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State
Tamarac, FL

City & State

4. FEI Number

20-0928901

Applied For

Not Applicable

Zip
33321

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, SAMUEL A
1000 W. MCNAB ROAD
SUITE 161
POMPANO BEACH, FL 33069**

Name
SAMUEL A. PRICE

Street Address (P.O. Box Number is Not Acceptable)

4500 N. State Road 7 Bldg I-203 #10 & 11

City
Lauderdale Lakes,

FL

Zip Code
33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, DARLENE**
STREET ADDRESS **11432 LAKEVIEW DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **S** ☐ Delete
NAME **GREEN, SANDRA**
STREET ADDRESS **1101 N.W. 50TH AVE.**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE **T** ☐ Delete
NAME **WILLIAMS, CHARLES**
STREET ADDRESS **11432 LAKEVIEW DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **SANDRA GREEN**
STREET ADDRESS **3330 CONCERT LANE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Darlene Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **954-**

DARLENE WILLIAMS

4-7-06

752-3538