

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005228

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ABIDING LOVE FELLOWSHIP & MINISTRIES INC.

## Current Principal Place of Business:

3900 SW 52ND AVE #605  
HOLLYWOOD, FL 33023

## New Principal Place of Business:

509 S 21ST AVENUE  
HOLLYWOOD, FL 33023

## Current Mailing Address:

3900 SW 52ND AVE #605  
HOLLYWOOD, FL 33023

## New Mailing Address:

3530 LAZY PINE WAY # B-1  
GREENACRES, FL 33463

FEI Number: 11-2933259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, BARBARA  
3900 SW 52ND AVE #605  
HOLLYWOOD, FL 33023 US

## Name and Address of New Registered Agent:

JONES, BARBARA  
3530 LAZY PINE WAY # B-1  
GREENACRES, FL 33463 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: BARBARA JONES

04/24/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEER, JOHN ELDER  
Address: 57 POPLAR RD  
City-St-Zip: AMITYVILLE, NY 11701

Title: T ( ) Delete  
Name: MYERS, YOLANDA  
Address: 223 SW 80TH TERRACE #7  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: CLARKE, BEVERLY  
Address: 3215 SW 52ND AVE #98  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: JONES, BARBARA  
Address: 3530 LAZY PINE WAY # B-1  
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA JONES

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date