2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N05000005228

Entity Name: ABIDING LOVE FELLOWSHIP & MINISTRIES INC.

Current Principal Place of Business:

509 S 21ST AVENUE
HOLLYWOOD, FL 33023

New Principal Place of Business:

6201 S. MILITARY TRAIL
LAKEWORTH, FL 33463

Current Mailing Address:

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

New Mailing Address:

FEI Number: 11-2933259 **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:

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

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: BARBARA JONES DR 05/19/2009
Electronic Signature of Signing Officer or Director — Date