

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004060

FILED
Feb 11, 2008
Secretary of State

Entity Name: LOVE NEVER FAILS, INC

Current Principal Place of Business:

3210 LOTUS RD.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3210 LOTUS RD.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 13-4331479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCK, PATRICK
881 SOUTH RIVER ROAD
ENGLEWOOD, FL 34223 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: BOCK, PATRICK
Address: 881 S. RIVER ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BOCK, VALORA
Address: 881 S. RIVER ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: VANLEEUEWEN, TERRY
Address: 3210 LOTUS RD.
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: THOMPSON, TERRY
Address: 143 ANNAPOLIS LANE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: MORAN, DANA
Address: 1605 OVERBROOK RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: VANLEEUEWEN, DAVID
Address: 3210 LOTUS RD.
City-St-Zip: NORTH PORT, FL 34286

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
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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: PAT BROCK

P

02/11/2008

Electronic Signature of Signing Officer or Director

Date