## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000417

FILED Apr 13, 2009 Secretary of State

Entity Name: IMITATE JESUS LOVE MINISTRIES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
1903 N 16 FT PIERC	STH CT E, FL 34950			
Current Mailing Address:			New Mailing Address:	
PO BOX 5 FT PIERC	5665 E, FL 34954			
FEI Number	: 20-5661314	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1903 N 16	VERNEDA STH CT SE, FL 34950	US		
The above	named antity	submits this statement for the	ourness of changing its registers	
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	במטוחוגי נוווי אנגופוחפונ וטר נוופ ן	ourpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	ic Signature of Registered Ag		ed office or registered agent, or both,  Date
in the Stat	e of Florida. RE:	nic Signature of Registered Ag	ent	
in the Stat	e of Florida.  RE: Electror  S AND DIREC	nic Signature of Registered Ago TORS: Delete HEDA T	ent	Date
in the Stat SIGNATU  OFFICER  Title: Name: Address:	e of Florida.  RE: Electror  S AND DIREC  P () FULLER, VERN 1903 N 16TH C FT PIERCE, FL	TORS: Delete IEDA T 34950 Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU  OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electror  S AND DIREC  P () FULLER, VERN 1903 N 16TH C FT PIERCE, FL  VP () FULLER, JOHN 1903 N 16TH C FT PIERCE, FL	TORS: Delete EEDA T 34950 Delete A T 34950 Delete A T Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: VERNEDA FULLER PRES 04/13/2009