2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008995

FILED May 06, 2008 Secretary of State

| DOCON | VILIA 1# 1407 0000000000000000000000000000000000 | Secretary of State |
|---|---|--|
| Entity Na | me: LOVE LIFTED FELLOWSHIP CHURC | H. INC. |
| • | | |
| Current P | Principal Place of Business: | New Principal Place of Business: |
| 1342 HUR | RST STREET | |
| HOLLY HI | LL, FL 32117 | |
| Current Mailing Address: | | New Mailing Address: |
| P.O. BOX ORMOND | 730548 BEACH, FL 32173 | |
| | r: 26-0856320 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did r | New Principal Place of Business: New Mailing Address: () FEI Number Not Applicable () Certificate of Status Desired () and did not receive the prior notice. Name and Address of New Registered Agent: or the purpose of changing its registered office or registered agent, or both, ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition |
| Name and | d Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| HOLLY HI | RST STREET LL, FL 32117 US e named entity submits this statement for the | purpose of changing its registered office or registered agent, or both |
| in the Stat | e of Florida. | |
| SIGNATU | RE: | |
| | Electronic Signature of Registered Ag | ent Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO |
| Title: Name: Address: City-St-Zip: | D () Delete SHEARS, STEVE 1342 HURST STREET HOLLY HILL, FL 32117 | Name: Address: |
| Title: Name: Address: City-St-Zip: | D () Delete JOHNSON, GARY 10 PEBBLE BEACH DRIVE ORMOND BEACH, FL 32174 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | D () Delete DECOSTA, EDWARD J 10 PALERMO LANE PALM COAST, FL 32164 | Title: D (X) Change () Addition Name: STYLES, JONATHON Address: 18 SEACREST DR. City-St-Zip: ORMOND BEACH, FL 32176 |

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: STEVE SHEARS D 05/06/2008