

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000701

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** A FOUNDATION OF LOVE PROPHETIC MINISTRY, INC.

**Current Principal Place of Business:**

501 SW 64TH TERRACE  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

501 SW 64TH TERRACE  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

PO BOX 816457  
HOLLYWOOD, FL 33081

FEI Number: 26-1832075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, LORIA  
501 SW 64TH TERRACE  
PEMBROKE PINES, FL 33023 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: P ( ) Delete  
Name: RICHARDSON, LORIA  
Address: 501 SW 64TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VP ( ) Delete  
Name: RICHARDSON, STEVEN  
Address: 501 SW 64TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ST ( ) Delete  
Name: KINSEY, AUDREY  
Address: 8950 SW 126 TERRACE  
City-St-Zip: MIAMI, FL 33176

**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:

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: LORIA RICHARDSON

P

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date