

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003846

FILED
May 09, 2009
Secretary of State

Entity Name: ONE LOVE NURSING MINISTRIES, INC.

Current Principal Place of Business:

8620 KLONDIKE RD
PENSACOLA, FL 325268739

New Principal Place of Business:

Current Mailing Address:

8620 KLONDIKE RD
PENSACOLA, FL 325268739

New Mailing Address:

FEI Number: 74-3198106 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:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT ST
PENSACOLA, FL 32502 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: FARTHING, SUZANNE R.N.
Address: 8620 KLONDIKE RD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: JACKSON, RON C.P.A.
Address: P.O. DRAWER 13207
City-St-Zip: PENSACOLA, FL 325913207

Title: D () Delete
Name: PRICE, ROBIN R.N.BSN
Address: 1323 SOARING BLVD
City-St-Zip: CANTONMENT, FL

Title: CEO () Delete
Name: COMEAUX, CHRIS
Address: 571 SOUTH ALLEN RD
City-St-Zip: FLAT ROCK, NC 28731

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: BOWERS, ERIN RN, BSN
Address: 3024 DAUNTLESS DR.
City-St-Zip: PENSACOLA, FL 32507

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: SUZANNE FARTHING

PRES

05/09/2009

Electronic Signature of Signing Officer or Director

Date