2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# N08000003846

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 ( )**

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: P T
Name: FARTHING, SUZANNE R.N.
Address: 8620 KLONDIKE RD
City-St-Zip: PENSACOLA, FL 32526

Title: VP S
Name: TOENES, LYDIA R.N.
Address: 8137 MOBILE HWY.
City-St-Zip: PENSACOLA, FL 32526

Title: D
Name: MCGHEE, SHANNON R.N.
Address: 1464 STEFANI CIRCLE
City-St-Zip: PENSACOLA, FL 32533

Title: D
Name: COMEAUX, CHRIS
Address: 571 SOUTH ALLEN RD
City-St-Zip: FLAT ROCK, NC 28731

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

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE FARTHING P T 03/10/2010

Electronic Signature of Signing Officer or Director Date