

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002648

FILED
May 26, 2011
Secretary of State

Entity Name: LOVE OF JESUS RESTORATION AND DELIVERANCE FELLOWSHIP CENTER, INC.

Current Principal Place of Business:

2501 N ANDREWS AVE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1409 NW 15TH COURT
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 27-2347835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPkins, SUZETTE
1409 NW 15TH COURT
FT LAUDERDALE, FL 33311 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
Name: THOMPkins, JAMES
Address: 2501 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D
Name: THOMPkins, SUZETTE
Address: 2501 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D
Name: SMITH, CHARLES
Address: 2501 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D
Name: BRYANT, RONNIE
Address: 2501 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: D
Name: EILEEN, CORONA
Address: 2501 N ANDREWS AVE
City-St-Zip: WILTON MANORS, FL 33311

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: SUZETTE THOMPkins

RA

05/26/2011

Electronic Signature of Signing Officer or Director

Date