

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N17264

1. Entity Name

MY FATHER'S LOVE, INC.



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business

2960 LESLIE DR
ORLANDO FL 32806

Mailing Address

2960 LESLIE DR
ORLANDO FL 32806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/08)

City & State

City & State

4. FEI Number

59-2741298

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDMONDSON, BILLIE
2960 LESLIE DR
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Billie Edmondson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Aug 5, 2008

DATE

FILE NOW: FEE IS \$61.25

Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
EDMONDSON, BILLIE
2960 LESLIE DR
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
EDMONDSON, DANA
2960 LESLIE DR
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
CLAY, FRANK
1077 CAVERN DR
APOPKA FL 32712 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000957305
08/08/08-80002-021 70.00 ☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Billie Edmondson

Aug 5, 2008 477,859.5502