

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32352

1. Entity Name

LOVE NOTES MINISTRIES, INC.

Principal Place of Business

Mailing Address

C/O ROBISON R. HARRELL
3 CLIFFORD DR.
SHALIMAR FL 32579-1250

C/O ROBISON R. HARRELL
3 CLIFFORD DR.
SHALIMAR FL 32579-1250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2969972

Applied For

Not Applicable

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

HARRELL, ROBISON R.
3 CLIFFORD DRIVE
SHALIMAR FL 32579

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STROCK, MARY
STREET ADDRESS 648 COUNTRY CLUB AVE.
CITY-ST-ZIP FT. WALTON BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HARRELL, LONNETE E.
STREET ADDRESS 39 MEIGS DR.
CITY-ST-ZIP SHALIMAR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SURRATT, JACKIE
STREET ADDRESS 4475 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541

☒ Delete

TITLE TD
NAME Garcia, Dawn
STREET ADDRESS 116 Hummingbird Avenue
CITY-ST-ZIP Fort Walton Beach, FL 32548 ☐ Change ☒ Addition

TITLE D
NAME MATHIS, EDITH
STREET ADDRESS 1019 HIGHGROVE CT.
CITY-ST-ZIP FT. WALTON BEACH FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Robison R. Harrell
STREET ADDRESS 3 Clifford Drive
CITY-ST-ZIP Shalimar, FL 32579 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

850-651-3210

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90027 040 ****61.25

824511



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)