

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90016 006 \*\*\*\*61.25

0000430



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N32352**

1. Entity Name  
**LOVE NOTES MINISTRIES, INC.**

Principal Place of Business <b>C/O ROBISON R. HARRELL          3 CLIFFORD DR.          SHALIMAR FL 32579-1250</b>	Mailing Address <b>C/O ROBISON R. HARRELL          3 CLIFFORD DR.          SHALIMAR FL 32579-1250</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2969972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HARRELL, ROBISON R.  
 3 CLIFFORD DRIVE  
 SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STROCK, MARY 648 COUNTRY CLUB AVE. FT. WALTON BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HARRELL, LONNETE E. 39 MEIGS DR. SHALIMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GARICA, DAWN 116 HUMMINGBIRD AVE FORT WALTON BEACH FL 32548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATHIS, EDITH 1019 HIGHGROVE CT. FT. WALTON BEACH FL 32547</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARRELL, ROBISON R 3 CLIFFORD DRIVE SHALIMAR FL 32579</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** **ROBISON R. HARRELL** **1/5/01** **850-651-3210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment  
#N32352  
D0002496

**ROBISON R. HARRELL & ASSOCIATES**

**ATTORNEYS AT LAW**

3 CLIFFORD DRIVE  
SHALIMAR, FLORIDA 32579  
(850) 651-1111  
FAX (850) 651-3210

ROBISON R. HARRELL  
Attorney At Law

ALICE H. MURRAY  
Attorney At Law

January 5, 2001

**FLORIDA DEPARTMENT OF STATE**

Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**RE: Love Notes Ministries, Inc.**

Dear Ms. Harris:

Enclosed are the following:

1. **The 2001 Uniform Business Report** for Love Notes Ministries, Inc.;  
and
2. A **check** made payable to the Department Of State in the amount of \$61.25.

Warm regards,

  
**ROBISON R. HARRELL**

RRH/dg

Enclosures: As listed