

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43361

FILED
Jan 06, 2011
Secretary of State

Entity Name: UNCONDITIONAL LOVE, INCORPORATED

Current Principal Place of Business:

1495E N. HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1495E N. HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3062093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODE, BILL
296 WILMETTE AVE
PALM BAY, FL 32908 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: NORMAN, TOMAKA
Address: 1977 PLAYER CIR N
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: CAPRILLO, RONALD
Address: 8474 SYLVAN DR
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: INMAN, BARRY
Address: 2575 N COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TS
Name: RAYEN, DOLORES
Address: 1815 WAYNE DR
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: GOODE, JOYCE
Address: 1495 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: HESTER, HARVEY
Address: 4050 MINTON RD
City-St-Zip: MELBOURNE, FL 32904

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: DOLORES RAYEN

TS

01/06/2011

Electronic Signature of Signing Officer or Director

Date