

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43483

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** LOVE OF CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

2223 WEKIVA VILLAGE LANE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

940 CENTER CIR  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3092197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KGLC  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

COHN, STEPHEN M CPA  
940 CENTER CIRCLE  
#3014  
ALTAMONTE SPRINGS, FL 32714 US

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: STEPHEN COHN

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MCCAMBRIDGE, AGATHA H  
Address: 2223 WEKIVA VILLAGE LN.  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: MCCAMBRIDGE, HAROLD J  
Address: 2223 WEKIVA VILLAGE LN.  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: CALEB, BENIDICT  
Address: 705 BUSBEE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: SACHDEVA, PAUL  
Address: 2714 WINDINGDALE DR  
City-St-Zip: RICHMOND, VA 23233

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: AGATHA MCCAMBRIDGE

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date