

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

03-13-2006 90067 036 ***70.00
N93000004823

FILED

06 MAY 30 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *1193000004823*

1. Entity Name

Love And Unity Christian Center Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3174 LA-Mirage Dr.

Suite, Apt., etc.

3. Mailing Address

3174 LA-Mirage Dr.

Suite, Apt., etc.

REINSTATEMENT 05-06
CR2E037B (8/05)

City & State

Lauderhill, FL

Zip *33319*

Country *Broward*

City & State

Lauderhill, FL

Zip *33319*

Country *Broward*

4. FEI Number

65-0447041

Applied For

Not Applicable

5. Certificate of Status Desired

R

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Jones

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

3174 LA-Mirage Dr.

City

Lauderhill

FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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

David L. Jones

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

(NOTE: Registered Agent signature required when reinstating)

5-22-06

DATE

FEE IS \$61.25
Initial or Amended AR

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

*P
JONES, DAVID L. Rev.
3174 LA-Mirage Dr.
Lauderhill, FL 33319*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*3174 LA-Mirage Dr.
06/08/06--01006--022 **236.25*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
Famble, Cedric M.
5075 NW 36 ST. APT. D319
Lauderhill, FL*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
Westbrook, Irma J.
1136 NW 15th CT.
FL Lauderdale, FL*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
James JONES
570 NW 29th Ave
FL Lauderdale*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

Date

934-578-4400

Daytime Phone #