


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90215 035 \*\*\*\*61.25

<b>DOCUMENT # N95000002173</b>	
1. Entity Name	
LOVE CENTER OUTREACH MINISTRIES, INC.	

Principal Place of Business	Mailing Address
1305 WEST SCOTT STREET PENSACOLA FL 32501	1305 WEST SCOTT STREET PENSACOLA FL 32501 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBSTER, JAMES E 2410 WEST JORDON STREET PENSACOLA FL 32505		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, JAMES E	NAME	
STREET ADDRESS	2410 WEST JORDON ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREBA, RANDELL	NAME	
STREET ADDRESS	1100 SCENIC HWY APT 100	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH, WEBSTER S	NAME	
STREET ADDRESS	2410 WEST JORDON ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILLY, HARRISON	NAME	Elder Harrison W. Neilly
STREET ADDRESS	611 WEST JORDAN STREET	STREET ADDRESS	3390 Cedar Springs Pl.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Minister Thomas J. Webster
STREET ADDRESS		STREET ADDRESS	611 West Jordan St.
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_

4-29-06