

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004675

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE LOVE CENTER REGENERATION MINISTRIES INC.

Current Principal Place of Business:

911 NORTH 13TH STREET
FORT PIERCE, FL 34954

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2384
FT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 65-0618494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHYANT, JEROME
2313 SE SAPPHIRE TERR
PORT ST LUCIE, FL 34952 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: P () Delete
Name: RHYANT, JEROME
Address: 2313 SE SAPPHIRE TERR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: LANCIER, MARIO
Address: 1713 SW LEAFY RD
City-St-Zip: PT ST LUCIE, FL 34983

Title: D () Delete
Name: ALLEN, RICHARD
Address: 281 MARINA DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: DIXON, KEN
Address: PO BOX 1746
City-St-Zip: FT PIERCE, FL 34954

Title: D () Delete
Name: BECKLEY, JIM
Address: 108800 ORANGE AVE
City-St-Zip: FT PIERCE, FL 34954

Title: D () Delete
Name: THOMPSON, SHARON
Address: 112 N LAS OLAS DR
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FOGAL, CHRISTOPHER
Address: 2112 S US HIGHWAY 1, STE 201
City-St-Zip: FT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEROME RHYANT

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date