

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

04-07-2004 90051 018 *****70.00

DOCUMENT # N96000001400 1. Entity Name SPIRITUAL ORGANIZATION FOR UNCONDITIONAL LOVE, INC.					
Principal Place of Business 8330 BIRD RD. MIAMI FL 33143			Mailing Address 6619 S DIXIE HWY 172 MIAMI FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0648020	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOLANS, JAMES A 5901 SW 74TH ST., #400 MIAMI FL 33143			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. <input checked="" type="checkbox"/>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME D LARSON, ROBERT <input type="checkbox"/> Delete STREET ADDRESS 6831 SW 69 TER. CITY-ST-ZIP MIAMI FL 33143			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME D YANEZ, ALBERTO <input type="checkbox"/> Delete STREET ADDRESS 11760 S.W. 112 AVE RD CITY-ST-ZIP MIAMI FL 33176			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME D MOODY, NANCY <input type="checkbox"/> Delete STREET ADDRESS 13725-1 SW 149 CIR LANE CITY-ST-ZIP MIAMI FL 33186			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u><i>Robert P. Larson</i></u> <u>042504</u> <u>305-439-2134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					