## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001400

FILED Apr 13, 2008 Secretary of State

Entity Name: SPIRITUAL ORGANIZATION FOR UNCONDITIONAL LOVE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5800 SW 66 ST. MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 6619 S DIXIE HWY MIAMI, FL 33143 FEI Number: 65-0648020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLANS, JAMES A 5901 SW 74TH ST., #400 MIAMI, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HALL, SHIRLEY HATHAWAY, ARLENE Name: Name: Address: 14798 SW 184 ST. Address: 15272 SW 46 LANE #G City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33185 Title: Title: (X) Change ( ) Addition ( ) Delete Name: BUEL, MARTIN S Name: CANCEL, EDGARD Address: 6831 SW 69 TERRACE Address: 2140 SW 25 ST. City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33133

Address: 2000 TOWERSIDE TERRACE, #1505 City-St-Zip: MIAMI, FL 33138

FOLEY, JAY

() Delete

Title:

Name:

Title: T () Delete

Name: DEWALD, WILLIAM Address: 1413 CANTORIA AVE City-St-Zip: MIAMI, FL 33146 Title: ( ) Change ( ) Addition

LARSON, ROBERT

MIAMI, FL 33143

6831 SW 69 TERRACE

(X) Change ( ) Addition

Name: Address: City-St-Zip:

Title:

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: WILLIAM DEWALD T 04/13/2008