

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001400

FILED
Feb 28, 2009
Secretary of State

Entity Name: SPIRITUAL ORGANIZATION FOR UNCONDITIONAL LOVE, INC.

Current Principal Place of Business:

5800 SW 66 ST.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6619 S DIXIE HWY
172
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0648020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOLANS, JAMES A
5901 SW 74TH ST., #400
MIAMI, FL 33143 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: V () Delete
Name: HATHAWAY, ARLENE
Address: 15272 SW 46 LANE #G
City-St-Zip: MIAMI, FL 33185

Title: P () Delete
Name: CANCEL, EDGARD
Address: 2140 SW 25 ST.
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: LARSON, ROBERT
Address: 6831 SW 69 TERRACE
City-St-Zip: MIAMI, FL 33143

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DALZELL, JULIE
Address: 6715 SW 28 TERRACE
City-St-Zip: MIAMI, FL 33155

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: WILLIAM DEWALD

T

02/28/2009

Electronic Signature of Signing Officer or Director

Date