

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

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90069 004 \*\*\*\*80.00



**DOCUMENT # N96000002558**

1. Entity Name

"LABOR OF LOVE" MINISTRY OF MACCLENNY, INC.

Principal Place of Business

1210 S 5TH STREET  
MACCLENNY FL 32063

Mailing Address

1210 S 5TH STREET  
MACCLENNY FL 32063

2. Principal Place of Business

*No-Change*

3. Mailing Address

*No-Change*



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

31-1484184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, HENRY D  
1210 S 5TH STREET  
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name *No-Change*  
Street Address (P.O. Box Number is Not Acceptable)  
*1210 S 5th Street*  
City *MACCLENNY* FL Zip Code *32063*

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

*HENRY D FREDERICK*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-24-04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDERICK, HENRY D	
STREET ADDRESS	1210 S. FIFTH ST.	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAWLS, VINCENT	
STREET ADDRESS	8667 DEPREE ROAD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLBERT, DAWN M	
STREET ADDRESS	631 DOUBERLY ROAD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODEN, THOMAS R	
STREET ADDRESS	515 S. SIXTH ST.	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, GRANVEL S	
STREET ADDRESS	5 W. MCCLENNY AVENUE	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No-Change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No-Change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No-Change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No-Change</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>No-Change</i>	
STREET ADDRESS		
CITY-ST-ZIP		

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 *Henry D Frederick* Henry D Frederick 1-24-04 904 282 9414  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #