

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002558

1. Entity Name

"LABOR OF LOVE" MINISTRY OF MACCLENNY, INC.



Principal Place of Business Mailing Address
1210 S 5TH STREET 1210 S 5TH STREET
MACCLENNY FL 32063 MACCLENNY FL 32063

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/04)

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
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000238272
02/21/05-80092-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 (904) 259-9414

Date

Daytime Phone #