

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91322 029 ****61.25

DOCUMENT # N97000006715

1. Entity Name*

OUR LOVE MINISTRIES, INC.

Principal Place of Business

**8200 PENZANCE BLVD.
 FT. MYERS FL 33912**

Mailing Address

**8200 PENZANCE BLVD.
 FT. MYERS FL 33912**

2. Principal Place of Business

11390 Palm Bch Blvd

Suite, Apt. #, etc.

Fort Myers

City & State

FL

Zip

33905

Country

US

3. Mailing Address

11390 Palm Bch Blvd

Suite, Apt. #, etc.

Fort Myers

City & State

FL

Zip

33905

Country

US

00067073



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0805411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KONCAR, BETH
 8200 PENZANCE BLVD.
 FT. MYERS FL 33912**

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.

SIGNATURE

Carrie Beth Koncar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **KONCAR, BETH**
 STREET ADDRESS **8200 PENZANCE BLVD.**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☐ Delete
 NAME **SHRIDER, SHARRENE**
 STREET ADDRESS **6889 MYERICE GORDON AVE.**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete
 NAME **HARTMAN, GAY**
 STREET ADDRESS **12938 MEADOWOOD CT.**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
 NAME **Beth Koncar**
 STREET ADDRESS **11390 Palm Bch Blvd**
 CITY-ST-ZIP **Fort Myers FL 33905**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Douglas Petri**
 STREET ADDRESS **11390 Palm Bch Blvd**
 CITY-ST-ZIP **Fort Myers FL 33905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E037 (10/00)

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:

SIGNATURE: Beth Koncar

5-1-01 941-768-5492