

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90239 012 ****61.25

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DOCUMENT # N97000006715

1. Entity Name

OUR LOVE MINISTRIES, INC.



Principal Place of Business

**11390 PALM BCH BLVD
FORT MYERS FL 33905**

Mailing Address

**11390 PALM BCH BLVD
FORT MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KONCAR, BETH**
STREET ADDRESS **11390 PALM BCH BLVD**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sim Powers**
STREET ADDRESS **11390 Palm Bch Blvd**
CITY-ST-ZIP **Fort myers Fla 33905**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **nael Sestac**
STREET ADDRESS **1357 Harbor view Dr**
CITY-ST-ZIP **north Fortmyers 33917**

TITLE **D** ☒ Delete
NAME **JAMES, PATTI**
STREET ADDRESS **2743 COLONIAL AVE #106**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **Rae Sestac - Director** ☐ Change ☒ Addition
NAME **1357 Harbor view Dr**
STREET ADDRESS **north Fortmyers Fla 33917**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PETRI, DOUGLAS**
STREET ADDRESS **11390 PALM BCH BLVD**
CITY-ST-ZIP **FORT MYERS FL 33-9058**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

CARRIE BETH KONCAR Carrie Beth Koncar 4-24-03 (239) 768-5492

CR2E037 (10/02)