

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000574

FILED
Sep 15, 2003
Secretary of State

Entity Name: FAITH LOVE OUTREACH MINISTRY INC.

Current Principal Place of Business:

2691 TINA LANE
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P O BOX 375
DOCTORS INLET, FL 32030

New Mailing Address:

FEI Number: 59-3306324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, KENNETH
2691 TINA LANE
MIDDLEBURG, FL 32068 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: PCD () Delete
Name: WALKER, KENNETH C
Address: 2691 TINA LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VMD () Delete
Name: WALKER, JOSHIE M
Address: 2691 TINA LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: BROWN, LAVERN
Address: 3620 CAROLINE BLVD
City-St-Zip: PENNEY FARM, FL 32079

Title: D () Delete
Name: BROWN, NORMA
Address: 3620 CAROLINE BLVD
City-St-Zip: PENNEY FARM, FL 32079

Title: D () Delete
Name: JONES, ROBIN L
Address: 3030 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JONES, KIMBERLY A
Address: 3030 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: KENNETH WALKER

PCD

09/15/2003

Electronic Signature of Signing Officer or Director

Date