

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

5/5/2003-90284-018-\$70.00-\$70.00

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DOCUMENT # N98000002960

1. Entity Name

ENDLESS LOVE MINISTRIES, INC.



SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN -3 PM 4:05

Principal Place of Business

1098 OLD POLK CITY ROAD
HAINES CITY FL 33885

Mailing Address

P.O. BOX 3081
WINTER HAVEN FL 33885

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 59-3538472

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

CLAY, JUANITA
2001 SAN MARCO DR., S.E., #1
WINTER HAVEN FL 33881

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CLAY, JUANITA	2001 SAN MARCO DR., S.E., #1	WINTER HAVEN FL 33881	
VP	CLAY, RAYMOND SR	2001 SAN MARCO DR., S.E., #1	WINTER HAVEN FL 33881	
D	MARSHALL, JARVIS	1009 N.E. 12TH ST., #7	PLAINES CITY FL 33844	
D	CLAY, LEANN M	2001 SAN MARCO DR., S.E., #1	WINTER HAVEN FL 33881	
D	MC NEAL, HENRY	2109 N.E. 3RD ST., APT. B	HAINES CITY FL 33844	
D	HOOKS-ROBINSON, NORMA JEAN	1210 AVE. H	HAINES CITY FL 33844	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

863-294-0336

Date

Daytime Phone

CR2E037 (1/0/02)