

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003795

1. Entity Name

POWER OF LOVE MINISTRIES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90058 035 ****61.25

Principal Place of Business

Mailing Address

5141 GLEN ALAN COURT NORTH
JACKSONVILLE FL 32210

5141 GLEN ALAN COURT NORTH
JACKSONVILLE FL 32210-8754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520594

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
YOUNG, ROBERT F
5141 GLEN ALAN COURT NORTH
JACKSONVILLE FL 32210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
YOUNG, SANDRA J
5141 GLEN ALAN COURT NORTH
JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Sandra J. Young
5141 Glen Alan Ct. N.
Jacksonville FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YOUNG, MALISA J
5141 GLEN ALAN COURT NORTH
JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Secretary
Malisa J Young/Sands
5141 Glen Alan Ct N.
Jacksonville FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
James Harris
11517 Birch Forest Cir. E.
Jacksonville, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
INEZ Ross
11507 W. Birch Forest Cir
Jacksonville, FL 32218

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:

Signature of Robert F. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000 (904) 779-7039

Date

Daytime Phone #

CR2E037 (9/99)