

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-16-2004 90098 018 ****61.25

DOCUMENT # N98000003795 1. Entity Name POWER OF LOVE MINISTRIES, INC.					
Principal Place of Business 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210			Mailing Address 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3520594	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$81.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD YOUNG, ROBERT F 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOOKRA, NORMA 9101 LIME BAY BLVD BLD 7, UNIT 211. TAMARAC, FLORIDA. 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, SANDRA J 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, MALISA J 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARRIS, JAMES 11517 BIRCH FOREST CIR E. JACKSONVILLE, FL 32218	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, INEZ 11507 W. BIRCH FOREST CIR JACKSONVILLE, FL 32218	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Robert Young</u> 4-24-04 904 779-7039 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					