

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004378

FILED
Feb 09, 2012
Secretary of State

Entity Name: LOVE AND COMPASSION MINISTRIES, INC.

Current Principal Place of Business:

503 NE 24TH AVENUE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152636
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 65-0853113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, RONALD
503 NE 24TH AVENUE
CAPE CORAL, FL 33909 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: DT
Name: SMITH, LYLE
Address: 6239 BRIARWOOD TERRACE
City-St-Zip: FORT MYERS, FL 33912

Title: DVP
Name: DECKER, MARK
Address: 215 NORTH LAKE AVENUE
City-St-Zip: LEHIGH, FL 33972

Title: DP
Name: WILLIS, RONALD
Address: 503 NE 24TH AVENUE
City-St-Zip: CAPE CORAL, FL 33909

Title: DS
Name: JOHNSON, MARK
Address: 17392 LEBANON ROAD
City-St-Zip: FORT MYERS, FL 33967

Title: D
Name: DISTAFFEN, TONY
Address: 4616 SW 8TH PLACE UNIT 9
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: BLAKE, FRANK
Address: 114 SW 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: RONALD WILLIS

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date