

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90004 026 ****61.25

DOCUMENT # N98000006953

1. Entity Name

LOVE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

1107 PAPAYA DR
TAMPA FL 33619
US

Mailing Address

P. O. BOX 4043
BRANDON FL 33509
US



2. Principal Place of Business

1107 Papaya Dr
Suite, Apt., etc.
N/A

3. Mailing Address

PO Box 4043
Suite, Apt., etc.
N/A

City & State

Tampa FL

City & State

Brandon FL

Zip

33619

Country

USA

Zip

33509

Country

USA

2nd MOORE

CR2E037 (4/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSBED, SYLVIA
3212 CLIFFORD SAMPLE DR.
TAMPA FL 33619

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

Sylvia Hollingsbed Registered Agent

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
Due By September 6, 2006

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
TP
O'NEAL-WILLIAMS, BELINDA
1107 PAPAYA DR.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HOLLINGSBED, SYLVIA
3212 CLIFFORD SAMPLE DR
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
WILLIAMS, SHERIKA
5346 MADISON LK CIR
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TS
HOLLINGSBED, SHERIA
601 SOMERSTONE DRIVE
VALRICO FL 33594

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HOLLINGSBED, KIA
3212 CLIFFORD SAMPLE DR
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Williams Sherika
Dunbar 115 Windy Circle
Brandon, FL 33509
☐ Change ☐ Addition

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

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 exemptions contained in Chapter 119, 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:

Belinda Williams O'Neal 9/11/06 813- 622-7647