

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N990000000036

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: YESHUA LOVE MINISTRIS INC.

**Current Principal Place of Business:**

6743 N.W. DAFFODIL LANE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

6743 N.W. DAFFODIL LANE  
#94  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

6743 N.W. DAFFODIL LANE  
PORT SAINT LUCIE, FL 34983

FEI Number: 65-0880799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

THOMAS, BEULAH M  
6743 N.W. DAFFODIL LANE  
PORT SAINT LUCIE, FL 34983 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: DP ( ) Delete  
Name: THOMAS, BEULAH M  
Address: 6743 N.W. DAFFODIL LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD ( ) Delete  
Name: WARD, JENNIFER E  
Address: 4961 PARKSIDE AVENUE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: TD ( ) Delete  
Name: WARD, MICHAEL  
Address: 4961 PARKSIDE AVENUE  
City-St-Zip: PHILADELPHIA, PA 19131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULETTE T. VILARDI

TD

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date