

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001605

1. Entity Name
PARTNERS IN LASTING LOVE MINISTRIES, INC.



Principal Place of Business
**3734 REEDPOND DRIVE NORTH
JACKSONVILLE, FL 32223**

Mailing Address
**3734 REEDPOND DRIVE NORTH
JACKSONVILLE, FL 32223**



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AINSWORTH, LINDA
3734 REEDPOND DRIVE NORTH
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D AINSWORTH, HARRY 3734 REEDPOND DRIVE NORTH JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	D AINSWORTH, LINDA 3734 REEDPOND DRIVE NORTH JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SNODGRASS, DIANE 1578 BELUTHANHATCHEE RD. JACKSONVILLE, FL 32259
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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1100000166760
07/16/04-80009-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Ainsworth
Linda Ainsworth 7/14/04 (904)
880-4535

Date

Daytime Phone