

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002619

FILED
Apr 18, 2008
Secretary of State

Entity Name: YOU'LL LOVE THE DIFFERENCE MINISTRIES INC.

Current Principal Place of Business:

6640 SO. US 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

10618 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945

Current Mailing Address:

6640 SO. US 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

10618 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945

FEI Number: 65-0921698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, RONALD
6640 SO US 1
PORT ST.LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MCCASKILL, RONALD
10618 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945 US

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: _____

04/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCASKILL, RONALD
Address: 6640 SO. US 1
City-St-Zip: PORT ST.LUCIE, FL 34952

Title: STD () Delete
Name: MCCASKILL, LINDA
Address: 6640 SO. US 1
City-St-Zip: PORT ST.LUCIE, FL 34952

Title: VPD () Delete
Name: MCCUTHEN, JOE
Address: 5555 ST. JAMES DR
City-St-Zip: PORT ST.LUCIE, FL 34983

Title: D () Delete
Name: PRITCHARD, TIM
Address: 10618 PINE NEEDLE DR
City-St-Zip: FT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCCASKILL, RONALD
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: STD (X) Change () Addition
Name: MCCASKILL, LINDA
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD (X) Change () Addition
Name: MCCUTHEN, JOE
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

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: RONALD MCCASKILL

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date