

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004909

FILED
May 04, 2009
Secretary of State

Entity Name: LOVE MISSION OUTREACH INC.

Current Principal Place of Business:

2087 WEST 76 STREET
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2087 WEST 76 STREET
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0945494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VELEZ, ANN CAROLYN
17801 NW 84 COURT
MIAMI, FL 33015 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: VELEZ, AURA VICTORIA
Address: 8501 NW 185 STREET
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: VELEZ, ANN CAROLYN
Address: 17801 NW 84 COURT
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: VELEZ, SAMUEL
Address: 17801 NW 84 COURT
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: GONZALEZ, ROSA M
Address: 6709 NW 166 DRIVE
City-St-Zip: DAVIE, FL 33331

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:

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: AURA VELEZ

DP

05/04/2009

Electronic Signature of Signing Officer or Director

Date