

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90006 038 *****70.00

DOCUMENT # N99000005282

1. Entity Name

LOVE JOY PAVILION OUTREACH MINISTRIES, INC.



Principal Place of Business

1046 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701

Mailing Address

1046 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-3612597

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, ANITA
1046 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701

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

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 8, 2004

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 ☐ Delete
NAME ROSS, JAMES
STREET ADDRESS 1046 BLACKWOOD STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME ADAMS, MARGARET A
STREET ADDRESS 3709 JOHNSON STREET
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Delete
NAME COPELAND, ODESSA
STREET ADDRESS 242 AZALEA STREET
CITY-ST-ZIP RAEFORD NC 28326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Anita Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-04 407)834-2472

Date

Daytime Phone #