


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 050 \*\*\*\*61.25

<b>DOCUMENT # N99000005282</b>	
1. Entity Name <b>LOVE JOY PAVILION OUTREACH MINISTRIES, INC.</b>	

Principal Place of Business <b>1046 BLACKWOOD STREET ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>1046 BLACKWOOD STREET ALTAMONTE SPRINGS FL 32701</b>
--	--



2. Principal Place of Business <b>5643 Candea Rd</b>	3. Mailing Address <b>5643 Candea Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32810</b>	Country <b>ORANGE</b>

4. FEI Number <b>59-3612597</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>ROSS, ANITA 1046 BLACKWOOD STREET ALTAMONTE SPRINGS FL 32701</b>	
--	--

7. Name and Address of New Registered Agent Name <b>ROSS ANITA</b> Street Address (P.O. Box Number is Not Acceptable) <b>598 South Sundance Dr</b> City <b>Lake Mary</b> FL Zip Code <b>32746</b>	
---	--

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 <b>Anita Ross</b>	DATE <b>8/24/05</b>
-----------------------------	---------------------

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSS, JAMES 1046 BLACKWOOD STREET ALTAMONTE SPRINGS FL 32701 S <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rev James Ross</b> <b>598 South Sundance Dr</b> <b>Lake Mary FL 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, MARGARET A 3709 JOHNSON STREET ORLANDO FL 32805 T <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPELAND, ODESSA 242 AZALEA STREET RAEFORD NC 28326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <b>Anita Ross</b>	DATE <b>8/24/05</b>
-----------------------------	---------------------