2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-09-2006 90098 001 *****8.75
05-09-2006 90098 002 ****70.00
N99000005282

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005282

1. Entity Name

LOVE JOY PAVILION OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
5643 CARDER RD ORLANDO FL 32810	5643 CARDER RD ORLANDO FL 32810

2. Principal Place of Business	3. Mailing Address
5643 Carder Rd	P.O. Box 1826
Suite, Apt. #, etc.: 5643 Carder Rd	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Rockingham N.C.
Zip: 32810 Country: Orange	Zip: 28380 Country: Richmond

1st MOORE CR2E037 (10/05)

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
598 S SUNDANCE DR
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Ross Anita

Street Address (P.O. Box Number is Not Acceptable): 4437 King Cole Blvd.

City: Orlando FL Zip Code: 32811

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: Anita Ross Anita Ross 5/4/06
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 May 1, 2006

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	P ROSS, JAMES 598 S SUNDANCE DR LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADAMS, MARGARET A 3709 JOHNSON STREET ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPELAND, ODESSA 242 AZALEA STREET RAEFORD NC 28326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rev James Ross / Rev James Ross 5/4/06 910 895-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #