

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006376

FILED
Apr 30, 2007
Secretary of State

Entity Name: LOVING ARMS BY FAITH MINISTRIES, INC.

Current Principal Place of Business:

1820 NW 172 TERR
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

1820 NW 172 TERR
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 65-0958813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATIMORE, FAY MARIE
1820 NW 172ND TERR.
OPA LOCKA, FL 33056 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: D () Delete
Name: LATIMORE, FAY MARIE
Address: 1820 NW 172ND TERR.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: KEMP, ANNIE KATE
Address: 2460 NW 168TH ST.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: LONG, KLAUTRELLE S
Address: 17300 NW 32ND AVE.
City-St-Zip: MIAMI, FL 33056

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:

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: FAY LATIMORE

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date