

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 05, 2007**  
**Secretary of State**

DOCUMENT# N99000006376

**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:**1820 NW 172 TERR  
MIAMI GARDENS, FL 33056**Current Mailing Address:**1820 NW 172 TERR  
CAROL CITY, FL 33056**New Mailing Address:**1820 NW 172 TERR  
MIAMI GARDENS, FL 33056**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:**LATIMORE, EMANUEL  
1820 NW 172ND TERR.  
MIAMI GARDENS, FL 33056 US

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: EMANUEL LATIMORE

10/05/2007

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V.P. (X) Change ( ) Addition  
Name: LATIMORE, FAY MARIE  
Address: 1820 NW 172ND TERR.  
City-St-Zip: MIAMI, FL 33056

Title: D (X) Change ( ) Addition  
Name: MCCLAIN, WILLIAM E  
Address: 1820 NW 172 TERR.  
City-St-Zip: MIAMI, FL 33056

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: LATIMORE, EMANUEL  
Address: 1820 N.W. 172 TERR.  
City-St-Zip: MIAMI GARDENS, FL 33056

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: EMANUEL LATIMORE

PRES

10/05/2007

Electronic Signature of Signing Officer or Director

Date