

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006376

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LOVING ARMS BY FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

1820 NW 172 TERR  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

PO. BOX 694941  
MIAMI GARDENS, FL 33269

**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, EMANUEL  
1820 NW 172ND TERR.  
MIAMI GARDENS, 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: V.P.  
Name: LATIMORE, FAY  
Address: 1820 NW 172ND TERR.  
City-St-Zip: MIAMI, FL 33056

Title: D  
Name: LATIMORE, FAY  
Address: 1820 NW 172 TERR.  
City-St-Zip: MIAMI, FL 33056

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

I hereby 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 all other like empowered.

**SIGNATURE:** EMANUEL LATIMORE

P

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date