

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007486

1. Entity Name

LOVE FELLOWSHIP OUTREACH MINISTRIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90069 015 ****61.25

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 2013 WATSON WAY, APT. B TALLAHASSEE FL 32308 | 2013 WATSON WAY, APT. B TALLAHASSEE FL 32308 |



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 1401 Balboa DR. Suite, Apt. #, etc. | 3. Mailing Address 2013 Watson Way Apt. "B" |
| City & State Tallahassee, FL | City & State Tallahassee, FL |
| Zip 32310 | Zip 32308 |
| Country U.S.A | Country USA |

| | |
|--|--|
| 4. FEI Number 59-363-3015 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TAYLOR, DARFORD
 2013 WATSON WAY, APT. B
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name: Darford Taylor
 Street Address (P.O. Box Number is Not Acceptable): 2013 Watson Way "B"
 City: Tallahassee FL Zip Code: 32308

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.

SIGNATURE _____ DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-----------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAYLOR, DARFORD 2013 WATSON WAY, APT. B TALLAHASSEE FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDST TAYLOR, CYNTHIA 2013 WATSON WAY, APT. B TALLAHASSEE FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENDRICK, ANTHONY J 1371 NW 172ND ST. MIAMI FL 33169 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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: [Signature] president 4/20/00 850-878-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)