

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001908

Entity Name: LOVE FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

2245 W. BUNCHE PARK DR.
MIAMI GARDENS, FL 33054

Current Mailing Address:

2245 W.BUNCHE PARK DR.
MIAMI GDNS, FL 33054 US

FEI Number: 55-0891120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERON, WANTWORTH
4998 SW 8TH CT
MARGATE, FL 33068 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name HERON, WANTWORTH
Address 4998 SW 8TH CT
City-State-Zip: MARGATE FL 33068

Title SECRETARY
Name REID, TRECIA
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR
Name SAINT-LOUIS, JACKSON ROODY
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR
Name HANNA, NED
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR
Name WILLIAMS, SUSAN
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

Title CFO
Name BARNES, HUBERT
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR
Name REID , RAFIK
Address 2245 W. BUNCHE PARK DR.
City-State-Zip: MIAMI GARDENS FL 33054

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: TRECIA MYRIE-REID

SECRETARY

06/27/2020

Electronic Signature of Signing Officer/Director Detail

Date