

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17264

Entity Name: MY FATHER'S LOVE, INC.**Current Principal Place of Business:**2960 LESLIE DRIVE
ORLANDO, FL 32806**Current Mailing Address:**2960 LESLIE DRIVE
ORLANDO, FL 32806 US**FEI Number:** 59-2741298**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EDMONDSON, ZEVA R
2960 LESLIE DR
ORLANDO, FL 32806 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 PRES
Name EDMONDSON, ZEVA R
Address 2960 LESLIE DR
City-State-Zip: ORLANDO FL 32806

Title VP
Name JONES, RUSSELL C
Address 105 WEST TOWNE PLACE
City-State-Zip: TITUSVILLE FL 32796

Title VP
Name EDMONDSON, BILLIE
Address 2960 LESLIE DRIVE
City-State-Zip: ORLANDO FL 32806

Title VP
Name EDMONDSON, DANA
Address 2960 LESLIE DRIVE
City-State-Zip: ORLANDO FL 32806

Title T
Name BAKER, MARCIA
Address 3700 OAKVIEW DRIVE
City-State-Zip: ORLANDO FL 32812

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: ZEVA RUTH EDMONDSON

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date