

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 28, 2009
Secretary of State**

DOCUMENT# N08000011124

Entity Name: RABBI LOVE INTERNATIONAL MINISTRY INC.**Current Principal Place of Business:**318 NE 17TH PL
CAPE CORAL, FL 33909**New Principal Place of Business:****Current Mailing Address:**318 NE 17TH PL
CAPE CORAL, FL 33909**New Mailing Address:**

FEI Number: 30-0554921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MORISSEAU, MARIE F
318 NE 17TH PL
CAPE CORAL, FL 33909 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: P () Delete
Name: MORISSEAU, MARIE F
Address: 318 NE
City-St-Zip: CAPE CORAL, FL 33909 USTitle: VP () Delete
Name: THELUSMA, JOSEPH
Address: 123 NW 17 ST
City-St-Zip: CAPE CORAL, FL 33993 USTitle: SEC. () Delete
Name: JOHN, CLAUDETTE
Address: 36 BROADWAY CIRCLE
City-St-Zip: FORT MYERS, FL 33901 USTitle: TR () Delete
Name: EDMON, YLENISE
Address: 5001 4TH ST WEST
City-St-Zip: LEIHT, FL 33971 USTitle: C () Delete
Name: JEANINE, SENAT
Address: 1705 SOUTH DRIVE
City-St-Zip: FORT MYERS, FL 33907 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MORISSEAU MARIE F

P

11/28/2009

Electronic Signature of Signing Officer or Director_____
Date