

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03098 (3)
1. Corporation Name
THE LOVE OF GOD CHRISTIAN CHURCH INC.



Principal Place of Business: **1504-33RD AVE E BRADENTON FL 34208 US**
Mailing Address: **3105 NEWTOWN BLVD SARASOTA FL 34234**

3. Date incorporated or Qualified: **05/16/1984**
3a. Date of Last Report: **03/24/1995**
4. FEI Number: **59-2798794**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 115-30th Ave East**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23 BRADENTON, FL**
Zip: **24 34208** Country: **25 USA**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**ADAMS, JAMES A.
3105 NEWTOWN BLVD.
SARASOTA FL 34234**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES A.	
STREET ADDRESS	3105 NEWTOWN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNIGHT, WILLIE C	
STREET ADDRESS	20007 - 5TH ST. W #G	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ADAMS, GWENDOLYN	
STREET ADDRESS	3105 NEWTOWN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES C	
STREET ADDRESS	3880 GREENWAY DR APT 306	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKENEY, RAYMONTE	
STREET ADDRESS	1655 21ST ST APT # R-142	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D Adams, Gwendolyn
33 STREET ADDRESS	3105-NEWTOWN BLVD
34 CITY-ST-ZIP	SARASOTA, FL 34234
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D Adams James C.
43 STREET ADDRESS	3105 NEWTOWN BLVD
44 CITY-ST-ZIP	SARASOTA, FL 34234
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	STD Blakeney, Raymonte
53 STREET ADDRESS	1655-21ST ST. # R-142
54 CITY-ST-ZIP	BRADENTON, FL 34208
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James A. Adams** James A. Adams 3/12/96 (941) 747-9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)