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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # *N03098*
 1. Corporation Name
LOVE OF GOD CHRISTIAN CHURCH INC.

Principal Place of Business: **115- 30th AVE. EAST BRADENTON, FL 34208**
 Mailing Address: **3105- NEWTOWN BLVD. SARASOTA, FL. 34234**

3. Date Incorporated or Qualified: **5/84**
 3a. Date of Last Report: **1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59- 2798794	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES A. ADAMS 3105-NEWTOWN BLVD. SARASOTA, FL. 34234	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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Adams	1.2 NAME	
STREET ADDRESS	3105 Newtown Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl. 34234	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie C. Knight	2.2 NAME	
STREET ADDRESS	2007 5th St. W #G	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL. 34208	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymonte L. Blakeney	3.2 NAME	
STREET ADDRESS	1655 21st St. E # R-142	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, Fl. 34208	3.4 CITY-ST-ZIP	
TITLE	James S. Adams <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	385 34th Ave. Dr. East	4.2 NAME	
STREET ADDRESS	Bradenton, FL. 34208	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Marquel Jackson <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1027 #A 30th Ave. E	5.2 NAME	
STREET ADDRESS	Bradenton, FL 34208	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002115456
STREET ADDRESS		6.3 STREET ADDRESS	-03/17/97--01123--024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(3)(i), 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** **3/11/97** **(941) 747-9883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

NA
11-97