

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009935

FILED
Feb 24, 2009
Secretary of State

Entity Name: WORD OF GOD LOVE CENTER INC.

Current Principal Place of Business:

950 6TH STREET WEST
PALMETTO, FL 34221

New Principal Place of Business:

1112 29TH AVE
BRADENTON, FL 34205

Current Mailing Address:

313 12TH STREET WEST
PALMETTO, FL 34221

New Mailing Address:

1112 29TH AVE
BRADENTON, FL 34205

FEI Number: 20-8275125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIBSON, SONITRA M
313 12TH STREET WEST
PALMETTO, FL 34221 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: GIBSON, FABIAN A SR
Address: 313 12TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: AP () Delete
Name: JOHNSON, CALVON R SR
Address: 313 12TH STRRE WEST
City-St-Zip: PALMETTO, FL 34221

Title: AD () Delete
Name: GIBSON, SONITRA M
Address: 313 12TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: SEC () Delete
Name: WALTON, SHARIMA N
Address: 1814 2ND AVE EAST
City-St-Zip: BRADENTON, FL 34208

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:

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: FABIAN A. GIBSON

P

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date