

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010297

FILED
Apr 21, 2009
Secretary of State

Entity Name: GOD'S LOVE OF FAITH ASSEMBLY INC.

Current Principal Place of Business:

4835 HATTERAS ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

4835 HATTERAS ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-5735290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATSON, JARVIS J
6167 TUSCONY CIRCLE
JACKSONVILLE, FL 32277 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: PO () Delete
Name: WATSON, JARVIS J
Address: 6167 TUSCONY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32277

Title: LO () Delete
Name: JENKINS, MARVIN O
Address: 313 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: CO () Delete
Name: WATSON, DEBORAH A
Address: 6167 TUSCONY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32277

Title: FO () Delete
Name: WATSON, WILLIAM E SR.
Address: 4835 HATTERAS ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: BOM () Delete
Name: FREDERICK, CARL J II
Address: 1441 MANOTAK AVENUE - APT. 802
City-St-Zip: JACKSONVILLE, FL 32210

Title: BOM () Delete
Name: PRATT, LATOYA
Address: 4363 BEDIVERE ST.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: WATSON, JARVIS J
Address: 4835 HATTERAS ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CO (X) Change () Addition
Name: WILLIAMS-WATSON, DEBORAH A
Address: 3620 BRIDGEWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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: JARVIS J WATSON

PO

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date