


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 024 ****75.00

DOCUMENT # N08827
 1. Entity Name
FAITH HOPE AND LOVE CHURCH OF GOD, INC.



Principal Place of Business: **2936 TANGLEWOOD DR S CLEARWATER FL 33799**
 Mailing Address: **C/O MARY L. STOKES 2050 W 40TH STREET JACKSONVILLE FL 32209**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State
 Zip Country

4. FEI Number: **59-2539601**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STOKES, MARY L.
 2050 W. 40TH ST.
 JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: STOKES, MARY L. STREET ADDRESS: 2050 W. 40TH ST. CITY- ST- ZIP: JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE: VP NAME: PONDS, PORTIA STREET ADDRESS: 1438 KINGSHIGHWAY CITY- ST- ZIP: CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE: T NAME: HILLMON, EDDIE STREET ADDRESS: 1165 7TH STREET NORTH CITY- ST- ZIP: SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE: T NAME: CLEMONS, MARY A STREET ADDRESS: 805 NORTH GARDEN AVE CITY- ST- ZIP: CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE: S NAME: WATSON, LORETTA STREET ADDRESS: 1165 7TH STREET NORTH CITY- ST- ZIP: SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE: T NAME: MOODY, GLADYS MAE STREET ADDRESS: 706 PENNSYLVANIA AVE CITY- ST- ZIP: CLEARWATER FL 33755	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MOODY, GLADYS MAE STREET ADDRESS: 3655 137th AVENUE NORTH CITY- ST- ZIP: LARGO, FLORIDA 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE *Mary L. Stokes*
Mary L. Stokes President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2007 (904) 768-5974
Daytime Phone #