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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50673** (5)

1. Corporation Name

LOVE COVENANT WORD CHURCH INC.

Principal Place of Business

Mailing Address

4401 S ORANGE AVENUE
123
EDGEWOOD FL 32806
US

4401 S ORANGE AVE
102
EDGEWOOD FL 32806
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/02/1992

4. FEI Number

59-3137206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

LOYD, ANDREW R
5612 CURRYFORD RD.
APT. K 12
ORLANDO FL 32822

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOYD, ANDREW R
STREET ADDRESS 5612 CURRY FORD RD #K-12
CITY-ST-ZIP ORLANDO FL 32822

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3109 S. Semoran Blvd #89
1.4 CITY-ST-ZIP Orlando, FL 32822

TITLE TD
NAME LOYD MARY ANN
STREET ADDRESS 5612 CURRYFORD APT K12
CITY-ST-ZIP ORLANDO FL 32822

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3109 S. Semoran Blvd #89
2.4 CITY-ST-ZIP Orlando, FL 32822

TITLE SD
NAME PITTMAN MAXIE M.
STREET ADDRESS 4565 KIRLLAND BLVD.
CITY-ST-ZIP ORLANDO FL 32811

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Andrew R. Loyd **REQUIRED**

1-21-98

407-851-5009

CR2E037 (10/97)