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03-06-1999 90137 007 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50673

1. Corporation Name

LOVE COVENANT WORD CHURCH INC.

Principal Place of Business

4401 S ORANGE AVENUE
123
EDGEWOOD FL 32806
US

Mailing Address

4401 S ORANGE AVE
#123
EDGEWOOD FL 32806
US



2. Principal Place of Business

21 **1031 W. LANCASTER RD**

Suite, Apt. #, etc.

22 **ORLANDO, FL**

City & State

23 **ORLANDO ORANGE**

Zip Country

24 **32809**

25

2a. Mailing Address

26 **3109 S. SEMORAN BLVD**

Suite, Apt. #, etc.

27 **#89**

City & State

28 **ORLANDO, FLA**

Zip Country

29 **32822**

30

ORANGE

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Andrew R. Loyd
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LOYD, ANDREW R**
STREET ADDRESS **3109 S SEMORAN BLVD, #89**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **TD** ☐ DELETE
NAME **LOYD MARY ANN**
STREET ADDRESS **3109 S SEMORAN BLVD, #89**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **SD** ☐ DELETE
NAME **PITTMAN MAXIE M.**
STREET ADDRESS **4565 KIRRLAND BLVD.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Rev. Andrew R. Loyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

407-282-6848
Daytime Phone #

CR2E037 (1/98)