FEI Numb	ber: 04-3794181		Certificate of Status Desired	
Name and	d Address of Current Registered Age	ent:		
VICKERS, B 2905 SW 15 OCALA, FL	TH ST.			
The above na	med entity submits this statement for the purpose of ch	nanging its registered office or re	egistered agent, or both, in the State of Florida	۱.
SIGNATU	RE:			
	Electronic Signature of Registered Agent			
Officer/Di	rector Detail :			
Title	D	Title	D	
Name	VICKERS, BOBBY	Name	VICKERS, DELORIS	
Address	2905 S.W. 15TH STREET	Address	2905 SW 15TH ST.	

I hereby 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 all other like empowered.

SIGNATURE: DELORIS DV VICKERS

OCALA FL 34474

VICKERS, CHRISSY

2905 SW 15TH ST

OCALA FL 34474

D

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400001678

Entity Name: LOVE FELLOWSHIP CHRISTIAN CENTER OF OCALA, INC.

Current Principal Place of Business:

2905 SW 15TH ST OCALA, FL 34474

City-State-Zip:

City-State-Zip:

Title

Name

Address

Current Mailing Address:

2905 S.W. 15TH STREET. OCALA. FL 34474 US

----04 270 44 04 .

tatus Desired: Yes

S Address 2905 SW 15TH ST. City-State-Zip: OCALA FL 34474

CO-PASTOR

04/29/2019

Date

Date