I hereby certify that the information indicated on this report or supplemental report is true and accurate and	id that my electronic signature shall have the same lega	al effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the	is report as required by Chapter 617, Florida Statutes; a	and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE BOBBY VICKERS	SENIOR PASTOR	05/05/2014

SIGNATURE: BOBBY VICKERS

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	VICKERS, BOBBY	Name	VICKERS, DELORIS
Address	2905 S.W. 15TH STREET	Address	2905 SW 15TH ST.
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	D		
Name	ROBINSON, CHRISSY		
Address	5001 S.W. 20TH STREET		
City-State-Zip:	OCALA FL 34474		

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.

OCALA. FL 34474

FEI Number: 04-3794181

Name and Address of Current Registered Agent:

2905 SW 15TH ST.

VICKERS, BOBBY

2905 SW 15TH ST. OCALA, FL 34474 US

SIGNATURE:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400001678

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

Current Principal Place of Business:

2200 N.W. 17TH PLACE OCALA, FL 34478

Current Mailing Address:

FILED May 05, 2014 Secretary of State CC9236845634

Date

SENIOR PASTOR

Certificate of Status Desired: Yes

Date