

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010297

**Entity Name:** GOD'S LOVE OF FAITH ASSEMBLY INC.

**Current Principal Place of Business:**

9951 ATLANTIC BLVD  
151  
JACKSONVILLE, FL 32225

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC8916959898**

**Current Mailing Address:**

3620 BRIDGEWOOD DRIVE  
JACKSONVILLE, FL 32277 US

**FEI Number: 20-5735290**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WATSON, JARVIS J  
3620 BRIDGEWOOD DRIVE  
JACKSONVILLE, FL 32277 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PO  
Name WATSON, JARVIS J  
Address 3620 BRIDGEWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title LO  
Name JENKINS, MARVIN O  
Address 313 SUMMERSET DRIVE  
City-State-Zip: JACKSONVILLE FL 32259

Title FO  
Name WILLIAMS-WATSON, DEBORAH A  
Address 3620 BRIDGEWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title CO  
Name WATSON, WILLIAM ESR.  
Address 4835 HATTERAS ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title BOM  
Name WATSON, CHRISTINE R  
Address 4835 HATTERAS ROAD  
City-State-Zip: JACKSONVILLE FL 32208

*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: DEBORAH WILLIAMS-WATSON**

**FINANCIAL OFFICER**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date