

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08827

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC8198912128**

**Entity Name:** FAITH HOPE AND LOVE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

2140 DREW STREET  
SUITE B  
CLEARWATER, FL 33765

**Current Mailing Address:**

1165 7TH STREET NORTH  
SAFETY HARBOR, FL 34695 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PONDS, PORTIA B  
1438 KINGS HIGHWAY  
CLEARWATER, FL 33755 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           | DP                     |
| Name            | PONDS, PORTIA B        |
| Address         | 1438 KINGS HIGHWAY     |
| City-State-Zip: | CLEARWATER FL 33755    |
| Title           | ST                     |
| Name            | WATSON, LORETTA        |
| Address         | 1165 7TH STREET NORTH  |
| City-State-Zip: | SAFETY HARBOR FL 34695 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DVP                         |
| Name            | CLEMONS, MARY               |
| Address         | 805 NORTH GARDEN AVE        |
| City-State-Zip: | CLEARWATER FL 33755         |
| Title           | D                           |
| Name            | MOODY, GLADYS               |
| Address         | 3703 141ST AVENUE N. APT. A |
| City-State-Zip: | LARGO FL 33771              |

*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:** PORTIA PONDS

**PRESIDENT**

**04/12/2017**

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

\_\_\_\_\_  
Date