

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004911

**FILED**  
**Jun 21, 2019**  
**Secretary of State**  
**9001983202CC**

**Entity Name:** THE LOVE OF GOD MINISTRY INC.

**Current Principal Place of Business:**

9816 N.W. 5TH COURT  
PLANTATION, FL 33324

**Current Mailing Address:**

9816 N.W. 5TH COURT  
PLANTATION, FL 33324

**FEI Number:** 65-0681887

**Certificate of Status Desired:** No

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

FRIDAY, THOMAS A BISHOP  
9816 N.W. 5TH COURT  
PLANTATION, FL 33324 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:** BISHOP THOMAS A. FRIDAY

06/21/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FRIDAY, THOMAS AREV.  
Address 9816 N.W. 5TH COURT  
City-State-Zip: PLANTATION FL 33324

Title D  
Name FRIDAY, GIDGET REV.  
Address 9816 N.W. 5TH COURT  
City-State-Zip: PLANTATION FL 33324

Title D  
Name SMITH, CARMEN  
Address 191 NW 1990 MIAMI AVENUE  
City-State-Zip: MIAMI FL 33169

Title DIRECTOR  
Name FRIDAY, ELIJAH T  
Address 9816 N.W. 5TH COURT  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ARCHER, HILDA C  
Address 5431 SW 22ND STREET  
City-State-Zip: WEST PARK FL 33023

Title DIRECTOR  
Name BROYLES, PARIS  
Address 813 MALLARD LANE  
City-State-Zip: CONWAY FL 72034

*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:** THOMAS A FRIDAY

**OWNER**

06/21/2019

Electronic Signature of Signing Officer/Director Detail

Date