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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750770

1. Corporation Name

LOVE TABERNACLE EVANGELISTIC ASSOCIATION, INCORPORATED

Principal Place of Business

126 SAPELO COURT  
P O BOX 514  
FERNANDINA BEACH FL 32034

Mailing Address

126 SAPELO COURT  
P O BOX 514  
FERNANDINA BEACH FL 32034



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/25/1980

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, DELORES  
126 SAPELO CT  
FERNANDINA BEACH FL 32034

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STRICKLAND, DELORES  
STREET ADDRESS 6311 TARPON AVENUE  
CITY-ST-ZIP FERNANDINA BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME CARROLL, LISA  
STREET ADDRESS P. O. BOX 514 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME ALVAREZ, CARRIE  
STREET ADDRESS P. O. BOX 514 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE STD  
NAME GRAY, RITA L.  
STREET ADDRESS P.O. BOX 1472 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999 261-8160  
Date Daytime Phone #

CR2E037 (11/98)