

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90218 018 ****61.25

DOCUMENT # 750770

1. Entity Name

LOVE TABERNACLE EVANGELISTIC ASSOCIATION, INCORP

Principal Place of Business

Mailing Address

126 SAPELO COURT
P O BOX 514
FERNANDINA BEACH FL 32034

126 SAPELO COURT
P O BOX 514
FERNANDINA BEACH FL 32035-0514

2. Principal Place of Business

3. Mailing Address

1333 Clinch Drive

1333 Clinch Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 514

P.O. Box 514

City & State

Fernandina Beach Fl

City & State

Fernandina Beach Fl

Zip
32034

Country
Nassau

Zip

32034

Country
Nassau

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

1333 Clinch Drive

City
Fernandina Beach

FL

Zip Code
32034

STRICKLAND, DELORES
126 SAPELO CT
FERNANDINA BEACH FL 32034

8. 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 Delores Strickland

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

Delores Strickland

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD STRICKLAND, DELORES 6311 TARPON AVENUE FERNANDINA BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V CARROLL, LISA P. O. BOX 514 N/A FERNANDINA BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD ALVAREZ, CARRIE P. O. BOX 514 N/A FERNANDINA BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD GRAY, RITA L. P.O. BOX 1472 N/A FERNANDINA BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | 1333 Clinch Drive Fernandina Beach, Fl. 32034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delores Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

277-1821

Daytime Phone #

CR2E037 (9/99)