2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 750770

Entity Name: LOVE TABERNACLE EVANGELISTIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1333 CLINCH DR
P.O. BOX 514
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1333 CLINCH DR
FERNANDINA BEACH, FL 32034

Current Mailing Address:

1333 CLINCH DR
P.O. BOX 514
FERNANDINA BEACH, FL 32034

New Mailing Address:

1333 CLINCH DR
FERNANDINA BEACH, FL 32034

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, DELORES
1333 CLINCH DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRICKLAND, DELORES,
Address: 1333 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V ( ) Delete
Name: CARROLL, LISA
Address: P. O. BOX 514 N/A
City-St-Zip: FERNANDINA BEACH, FL

Title: VD ( ) Delete
Name: ALVAREZ, CARRIE,
Address: P. O. BOX 514 N/A
City-St-Zip: FERNANDINA BEACH, FL

Title: STD ( ) Delete
Name: GRAY, RITA L.,
Address: P.O. BOX 1472 N/A
City-St-Zip: FERNANDINA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: CARROLL, LISA
Address: 1333 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL

Title: VD (X) Change ( ) Addition
Name: ALVAREZ, CARRIE,
Address: 1333 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL

Title: STD (X) Change ( ) Addition
Name: GRAY, RITA L.,
Address: 1333 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DELORES STRICKLAND PD 01/22/2009

Electronic Signature of Signing Officer or Director — Date