2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000002205

GARVEY, ELIZABETH

2019 W. CHURCH ST.

ORLANDO, FL 32805

Name:

Address: City-St-Zip:

Entity Name: LOVE FELLOWSHIP CHRISTIAN CHURCH, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2019 WEST CHURCH STREET ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** P.O. BOX 540205 ORLANDO, FL 32854 FEI Number: 59-3637297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, SYLVESTER ROBINSON, SYLVESTER 464 LANCERS DRIVE 1910 BLACK LAKE BLVD WINTER SPRINGS, FL 32708 US WINTER GARDEN, FL 34787 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: 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROBINSON, SYLVESTER ROBINSON, SYLVESTER Name: Name: 464 LANCERS DRIVE Address: 1910 BLACK LAKE BLVD Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER GARDEN, FL 34787 Title: VD () Delete Title: (X) Change () Addition ROBINSON, CYNTHIA ROBINSON, CYNTHIA Name: Name: Address: 464 LANCERS DRIVE Address: 1910 BLACK LAKE BLVD City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: (X) Change () Addition YOUNG, ALPRED G Name: NORMAN, HENRY C Name: 1932 LAKE ATRIUM #79 Address: Address: 707 GROVE STREET City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32805 Title: () Delete Title: () Change () Addition ROBINSON, ALEXANDER Name: Name: 464 LANCERS DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SYLVESTER ROBINSON PD 05/01/2006