

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002205

FILED
May 01, 2009
Secretary of State

Entity Name: LOVE FELLOWSHIP CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2019 WEST CHURCH STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540205
ORLANDO, FL 32854

New Mailing Address:

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
1910 BLACK LAKE BLVD
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, SYLVESTER
Address: 1910 BLACK LAKE BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: ROBINSON, CYNTHIA
Address: 1910 BLACK LAKE BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: STOVER, JOHN
Address: 1800 S. KIRKMAN
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: ROBINSON, ALEXANDER
Address: 464 LANCERS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: BALDWIN, ALLEN
Address: 2019 W. CHURCH ST.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SYLVESTER ROBINSON

DR.

05/01/2009

Electronic Signature of Signing Officer or Director

Date