

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002205

FILED  
May 08, 2012  
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 ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, SYLVESTER  
314 LARGOVISTA DRIVE  
OAKLAND, FL 34787 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  
Name: ROBINSON, SYLVESTER  
Address: 314 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

Title: VD  
Name: ROBINSON, CYNTHIA  
Address: 314 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

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

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

Title: D  
Name: NORMAN, HENRY  
Address: 2019 W. CHURCH ST.  
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: SYLVESTER ROBINSON

PD

05/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date