

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000007643

1. Entity Name  
LOVE AND TRUTH CHRISTIAN CHURCH INC.



Principal Place of Business  
219 W. CYPRESS ST.  
KISSIMMEE, FL 34741

Mailing Address  
P.O. BOX 453173  
KISSIMMEE, FL 34745 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3692631

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

BAEZ, IVAN P  
2405 MARCASITE LOOP  
KISSIMMEE, FL 34743

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME BAEZ, IVAN P ☐ Delete  
STREET ADDRESS 2405 MARCASITE LOOP  
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE ☐ Change ☐ Addition  
NAME 100061449751  
STREET ADDRESS 11/15/05--01075--013 \*\*\$61.25  
CITY-ST-ZIP

TITLE S  
NAME BAEZ, YADIRA S, T ☐ Delete  
STREET ADDRESS 13438 FAIRWAY GLEN DR #202  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME VELEZ, GEORGINA D ☒ Delete  
STREET ADDRESS 500 PINNACLE COVE BLVD. APT. 203  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D  
NAME Ada Rodriguez ☐ Change ☒ Addition  
STREET ADDRESS 160 La Paz Dr.  
CITY-ST-ZIP Kissimmee FL. 34743

TITLE D  
NAME VELEZ, JESUS D ☐ Delete  
STREET ADDRESS CALLE ORO, PARCELA #157, BO. SABANA SECA  
CITY-ST-ZIP TOA BAJA, PR 00949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME VALLE, JAIME D ☐ Delete  
STREET ADDRESS MANSION DEL SUR SA-58, PLAZA 3  
CITY-ST-ZIP LEVITTOWN, PR 00949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DIAZ, RADAMES D ☐ Delete  
STREET ADDRESS LAGO VISTA 2, #200 MONROIG BLVD. APT. 213  
CITY-ST-ZIP LEVITTOWN, PR 00949

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/05

407-847-0225