2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 20, 2002 8:00 am Secretary of State DOCUMENT # N0100002834 1. Entity Name LOVE TEMPLE FELLOWSHIP, INC. 05-20-2002 90072 022 ****70.00 Principal Place of Business Mailing Address 101 CYPRESS ST. SUITE E 101 CYPRESS ST. SUITE E KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 3016 W. Yine 453108 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ssimmee Applied For City & State City & State 4. FEI Number Not Applicable ssi mmee \$8.75 Additional 5. Certificate of Status Desired Fee Required 15A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUNT, LEONARD SR 101 JONES LANE, APT D KISSIMMEE FL 34743 ussimmee tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) PD PD Change TITLE ☐ Addition TITLE Delete eonard Hunt **HUNT. LEONARD SR** NAME NAME 1113 cobblestone cir. #B STREET ADDRESS 131JONES LANE, APT D STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-ZIP 1. 34744 VSD Change TITLE ☐ Delete TITLE ☐ Addition HUNT, TRITTONIA NAME NAME 131 JONES LANE, APT D STREET ADDRESS cobblestone C STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34743 reasurer/Trustee Change ☐ Addition TITLE ☐ Delete TITLE HERNANDEZ, PATRICIA NAME NAME Patricia Hernandoz 131 JONES LANE, APT D STREET ADDRESS STREET ADORESS 2487 Hawthorne Lane CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34743 485, mmes, F1. 34745 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive for 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

SIGNATURE: