NOT-EOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # N01307		<u>,</u> .		cretary of State
1. Entity Name	***		04-0	09-2002 91165 004 ****61.25
Love of God Pentecostal Chu	rch, Inc. 🔭			
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DO NOT WRITE I	N I HIS SP	ACE		
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2. Principal Place of Business Church, Inc 3	. Mailing Address		-	B0061 397
Love of God Pentecostal 3611 Moncrief Road				
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
3611 Moncrief Road City & State				
Taalaaaaa	City & State	_4	4. FEI Number	Applied For
	Jacksonville, Zip	Florida Country		X Not Applicable \$8.75 Additional
1 32200 1 1104	2209	USA	5. Certificate of Statu	s Desired
		1	7. Name and Address	of Current Registered Agent
		Name	I Chatas	
DO NOT WRITE		L. J. Spates Street Address (P.O. Box Number is Not Acceptable) 11685 V. C. Johnson Road		
***************************************		1168	35 V. C. Johnson	n Road
IN THIS SPA	CE			1
		City		₽ ∎ Zip Code
3			csonville	FL Zip Code 32218
8. The above named entity submits this statement for the	purpose of changing its re	egistered office or regi	stered agent, or both, in the	state of Florida.
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SIGNATURE Signature, typed or pripried name of registered against and title	e il applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	* Apriloz
SIGNATURE	e il applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	* /Apriloz
SIGNATURE	e il applicable. (NOTE: F			/Apriloz
SIGNATURE Signature, typed or profile name of registered agent and title		paign Financing	\$5.00 May Be Added to Fees'	Make Check Payable to Department of State
Signature, typed or printed name of registered agrit and lith FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be	Make Check Payable to
SIGNATURE Signature, typed or printed name of registered agrit and lith FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be	Make Check Payable to
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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Eugene H. Platt

Margaeat Shaw

3268 Carol Drive

5987 Cove Red Creek Lane

Jacksonville, Florida 32277

Jacksonville, Florida 32209

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

04-01-02

768-5658

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^{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 on an attachment with an address, with all other like empowered.