

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N01307. 1. Entity Name LOVE OF GOD PENTECOSTAL CHURCH, INC.	
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Principal Place of Business LOVE OF GOD PENTECOSTAL CHURCH, INC. 3611 MONCRIEF ROAD JACKSONVILLE, FL 32209	Mailing Address 4404 TRENTON DR. SOUTH JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPATES, L.J.
11685 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000091703 03/18/04-80019-019-61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPATES, JOHN W REV 4404 TRENTON DR. SOUTH JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPATES, CENITTE 4404 TRENTON DRIVE SOUTH JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, FLORENCE M 3611 MONCRIEF ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, WILLIE L 2240 VERRY DRIVE SOUTH JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, EUGENE H 5987 COVE RED CREEK LANE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, MARGREAT 3268 CAROL DRIVE JACKSONVILLE, FL 32209

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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)(c), 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: Cenitte Spates March 04 804 768-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____