

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01307

FILED
Apr 10, 2006
Secretary of State

Entity Name: LOVE OF GOD PENTECOSTAL CHURCH, INC.

Current Principal Place of Business:

LOVE OF GOD PENTECOSTAL CHURCH, INC
3611 MONCRIEF ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

4404 TRENTON DR. SOUTH
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPATES, L.J.
11685 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218 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: P () Delete
Name: SPATES, JOHN W REV
Address: 4404 TRENTON DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: SPATES, CENITTE
Address: 4404 TRENTON DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: BENNETT, FLORENCE M
Address: 3611 MONCRIEF ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WESTON, WILLIE L
Address: 2240 VERRY DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: PLATT, EUGENE H
Address: 5987 COVE RED CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: SHAW, MARGREAT
Address: 3268 CAROL DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CENITTE SPATES

S

04/10/2006

Electronic Signature of Signing Officer or Director

Date