

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003677**

1. Entity Name

LOVE GROWS PENTECOSTAL TEMPLE, INC.



Principal Place of Business

6947 NW COUNTY RD. 229  
STARKE FL 32091

Mailing Address

6947 NW COUNTY RD. 229  
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

45-1588941

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

NEWELL, SAMUEL L  
6947 NW COUNTY RD. 229  
STARKE FL 32091

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

*Samuel L. Newell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*11/30/05*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DORSEY, WILLIE  
6947 NW COUNTY RD. 229  
STARKE FL 32091 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1100000211668  
02/02/05-80128-015 61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NEWELL, TANGLIER M  
6947 NW COUNTY RD. 229  
STARKE FL 32091 ☐ Delete

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

TITLE  
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CITY - ST - ZIP  
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NEWELL, SAMUEL L  
6947 NW COUNTY RD. 229  
STARKE FL 32091 ☐ Delete

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Samuel L. Newell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/30/05 904368/1288*

Date

Daytime Phone