

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb. 12, 2007 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**



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-1588941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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: *Samuel L. Newell*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE	D
NAME	NEWELL, SAMUEL L
STREET ADDRESS	6947 NW COUNTY RD. 229
CITY-ST-ZIP	STARKE, FL 32091

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000632545
02/21/07-80026-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date: _____ Daytime Phone #: _____