


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003677</b>	
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
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03042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-1588941	Applied For 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
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, WILLIE 6947 NW COUNTY RD. 229 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, TANGLIER M 6947 NW COUNTY RD. 229 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, SAMUEL L 6947 NW COUNTY RD. 229 STARKE, FL 32091
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05/22/08-80035-004 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: Elby Pater Samuel E. Newell 4/24/08 904 964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #