2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# N03000003862

Entity Name: LOVE TABERNACLE COGIC, INC.

Current Principal Place of Business:

944 MORSE ST.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 151016
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 51-0461872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTTS, RICHARD A
412 MONTICELLO DR.
ALTAMONTE SPRINGS, FL 32701

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:	DCEO	( ) Delete
Name:	BUTTS, RICHARD A	
Address:	412 MONTICELLO DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	HENDERSON, CHARLES	
Address:	2428 COURTLAND BLVD.	
City-St-Zip:	DELTONA, FL 32803	
Title:	D	( ) Delete
Name:	WELLS, MOSELLA	
Address:	18 LINCOLN AVE.	
City-St-Zip:	ORLANDO, FL 32810	
Title:	D	( ) Delete
Name:	WEEKS, VALERIA	
Address:	550 BIRCH CT.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	HALL, SIMONE	
Address:	64 S. EDGEMON AVE.	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	HENDERSON, AJA	
Address:	9514 MCNORTON RD.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

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
Name:	
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 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 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: RICHARD A. BUTTS DCEO 09/02/2004

Electronic Signature of Signing Officer or Director — Date