

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003862

FILED
Jul 16, 2007
Secretary of State

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: 06-1667928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: BUTTS, RENEE
Address: 412 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HALL, SIMONE
Address: 64 S. EDMON AVE.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: HENDERSON, MABELINE
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
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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 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: RICHARD A. BUTTS

DCEO

07/16/2007

Electronic Signature of Signing Officer or Director

Date