

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011793

FILED
Apr 28, 2008
Secretary of State

Entity Name: CHRISTIAN LOVE COMMUNITY CHURCH INC.

Current Principal Place of Business:

1439 BRETON RD.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1439 BRETON RD.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 04-3841350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIX, III, THOMAS PASTOR
1439 BRETON RD.
JACKSONVILLE, FL 32208 US

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: P () Delete
Name: FLEX,III, THOMAS PASTOR
Address: 1439 BRETON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WATTS, TONY DEACON
Address: 1439 BRETON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WATTS, MARION
Address: 1439 BRETON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FELIX ,III, THOMAS PASTOR
Address: 1439 BRETON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADM. () Change (X) Addition
Name: MARTIN, SHARLENE
Address: 9205 SWEET BERRY CT.
City-St-Zip: JACKSONVILLE, FL 32256

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: THOMAS FELIX III

PAST

04/28/2008

Electronic Signature of Signing Officer or Director

Date