


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 006 ****61.25

DOCUMENT # N06000001218					
1. Entity Name FIRST LOVE CHURCH OF GOD IN CHRIST OF BARTOW, FLORIDA, INC.					
Principal Place of Business 4140 CHURCH ST. BARTOW, FL 33830-9107			Mailing Address 4140 CHURCH ST. BARTOW, FL 33830-9107		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4017 April Street, South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lakeland, Florida		4. FEI Number 02-0769695	
Zip		Country		Applied For Not Applicable	
Zip 33812		Country U.S.A. Polk County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, SYLVESTER JR. 4017 APRIL ST. SOUTH LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Sylvester Reeves, Jr.</u> <u>Sylvester Reeves, Jr.</u> <u>4-26-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD	NAME REEVES, SYLVESTER JR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4017 APRIL ST. SOUTH	LAKELAND, FL 33813		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME SMARTE, MANDY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2960 WARFIELD DR.	BARTOW, FL 33830		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME YOUNG, MATTIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1370 WILSON RD.	BARTOW, FL 33830		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sylvester Reeves, Jr.</u> <u>Sylvester Reeves, Jr.</u> <u>4-26-08</u> (863) 646-8517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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