

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010297

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: GOD'S LOVE OF FAITH ASSEMBLY INC.

## Current Principal Place of Business:

4835 HATTERAS ROAD  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

## Current Mailing Address:

4835 HATTERAS ROAD  
JACKSONVILLE, FL 32208

## New Mailing Address:

FEI Number: 20-5735290      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:

WATSON, JARVIS J  
1755 LEON ROAD #3523  
JACKSONVILLE, FL 32246      US

## Name and Address of New Registered Agent:

WATSON, JARVIS J  
6167 TUSCONY CIRCLE  
JACKSONVILLE, FL 32277      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: JARVIS J WATSON

07/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PP      ( ) Delete  
Name: WATSON, JARVIS J  
Address: 1755 LEON ROAD #3523  
City-St-Zip: JACKSONVILLE, FL 32246

Title: A      ( ) Delete  
Name: JENKINS, MARVIN O  
Address: 313 SUMMERSET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S      ( ) Delete  
Name: WATSON, DEBORAH A  
Address: 1755 LEON ROAD #3523  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP      (X) Change ( ) Addition  
Name: WATSON, JARVIS J  
Address: 6167 TUSCONY CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: S      (X) Change ( ) Addition  
Name: WATSON, DEBORAH A  
Address: 6167 TUSCONY CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32277

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: JARVIS J WATSON

PP

07/17/2007

Electronic Signature of Signing Officer or Director

Date