2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000011944

Entity Name: LOVE CENTER CHURCH OF PRAISE, INCORPORATED

Current Principal Place of Business:

150- 10TH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 465
APALACHICOLA, FL 32329

New Mailing Address:

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

Name and Address of Current Registered Agent:

TOWNSEND, ANNIE L
234 7TH STREET
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

TOWNSEND, ANNIE L
202 CLOVER CIRCLE
DOTHAN,AL, FL 36301 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: ANNIE TOWNSEND 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOWNSEND, RUFUS E SR
Address: 234 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: VP ( ) Delete
Name: TOWNSEND, ANNIE L
Address: 234 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: S ( ) Delete
Name: WALLACE, LATONYA T
Address: 234 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: D ( ) Delete
Name: WHITE, SHIRLEY C
Address: 148 AVE M
City-St-Zip: APALACHICOLA, FL 32320

Title: M ( ) Delete
Name: TOWNSEND, VICTORIA E
Address: 234 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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:

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: ANNIE TOWNSEND VP 04/30/2009
Electronic Signature of Signing Officer or Director Date