

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07485

FILED
May 04, 2009
Secretary of State

Entity Name: LOVE TEMPLE OF THE LIVING GOD CHURCH, INC.

Current Principal Place of Business:

LOVE TEMPLE OF THE LIVING GOD
1531 W. 30TH ST
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

LOVE TEMPLE OF THE LIVING GOD OF L.T.M.
1531 W. 30TH ST
JACKSONVILLE, FL 32209 US

Current Mailing Address:

LOVE TEMPLE OF THE LIVING GOD
1531 W. 30TH ST
JACKSONVILLE, FL 32209 US

New Mailing Address:

LOVE TEMPLE OF THE LIVING GOD OF L.T.M.
1531 W. 30TH ST
JACKSONVILLE, FL 32209 US

FEI Number: 59-2657872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BRINSON, LINNIE
1531 WEST 30 STREET
JACKSONVILLE, FL 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: C () Delete
Name: BRINSON, MELVIN D
Address: 8245 SUTTON PL N
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD () Delete
Name: KING, WILHELMINA
Address: 4810 SPRING STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: FERGUSON, LENORA M
Address: 4810 SILVER STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: BRINSON, PATRICIA ANN
Address: 1531 WEST 30TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: BRINSON, PRISCILLA
Address: 8245 SUTTON PL N
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: JONES, VIRGINIA
Address: 1845 W 13 SAT APT 1
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: MELVIN D. BRINSON

C

05/04/2009

Electronic Signature of Signing Officer or Director

Date