

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006481

FILED
Apr 15, 2009
Secretary of State

Entity Name: LOVE FIRST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

13194 US HIGHWAY 301 SOUTH
SUITE 309
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

13194 US HIGHWAY 301 SOUTH
SUITE 309
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 26-2948913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUSINS, JOMO G
13194 US HIGHWAY 301 SOUTH
SUITE 309
RIVERVIEW, FL 33578 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: PD () Delete
Name: COUSINS, JOMO G PASTOR
Address: 12425 BRAMFIELD DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VP () Delete
Name: COUSINS, CHARMAINE
Address: 12425 BRAMFIELD DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: STD () Delete
Name: WILLIAMS, JANET A
Address: 5115 WHISPERING LEAF TRAIL
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: PYRTLE, FRANK III, DR
Address: 12210 CREEK EDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Delete
Name: SMITH, TOMMIE
Address: 1221 LAKE BREEZE PLACE
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: TURNER, JAMES ELDER
Address: 2608 ARBOR DRIVE
City-St-Zip: BRYAN, TX 77802

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: JOMO COUSINS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date