

ANNUAL REPORT (AR)

DOCUMENT # N13346

1. Entity Name

CHURCH OF LIGHT/WEDDING CHAPEL OF LOVE/CHAPEL OF LOVE MINISTRIES/GYPSY ROSE CATERING INC.



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

10115 CORTEZ RD
BRADENTON FL 34209

Mailing Address

P O BOX 606
TALLEVAST FL 34270



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2533395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMRALL, SHARI
5704 DESOTO CITY RD
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME JOHNSON, ANNELIES
STREET ADDRESS 3202 65TH ST W
CITY- ST- ZIP BRADENTON FL

D ☐ Delete
NAME MANN, EDWARD
STREET ADDRESS 5702 DESOTO CITY RD
CITY- ST- ZIP SEBRING FL 33870

D ☐ Delete
NAME SUMRALL, ROBERT SR
STREET ADDRESS 5704 DESOTO CITY RD
CITY- ST- ZIP SEBRING FL 33870

P ☐ Delete
NAME SUMRALL, SHARI
STREET ADDRESS 5704 DESOTO CITY RD
CITY- ST- ZIP SEBRING FL 33870

VD ☐ Delete
NAME SUMRALL, ROBERT
STREET ADDRESS 5704 DESOTO CITY RD
CITY- ST- ZIP SEBRING FL 33870

☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: REV. SHARI SUMRALL *Rev. Shari Sumrall* 3/2/07 863-385-5673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #