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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21243** (3)

1. Corporation Name

LOVE GOSPEL ASSEMBLY OF GOD, INC.



Principal Place of Business 24038 HARBORVIEW RD PORT CHARLOTTE FL 33980 US	Mailing Address 24038 HARBORVIEW RD PORT CHARLOTTE FL 33980 US
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3. Date Incorporated or Qualified

06/22/1987

4. FEI Number

65-0223033

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, TONY REV
711 LEELAND HGHTS. BLVD. WEST
LEHIGH ACRES FL 33936**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, TONY REV	
STREET ADDRESS	711 LEELAND HGHTS. BLVD. WEST	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OSORIO, NIEVES MRS	
STREET ADDRESS	22305 DONALDA AVENUE	
CITY-ST-ZIP	PT CHARLOTTE FL 33954	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUESADA, GABRIEL	
STREET ADDRESS	21508 EDGEWATER DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MALDONADO, DAVID MR	
STREET ADDRESS	23018 UTICA AVENUE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DE JESUS-ZAMOT, SONIA MISS	
STREET ADDRESS	181 N.E. BOWLING AVE.	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ELKIO	
STREET ADDRESS	111 ORANGE STREET	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARCIA, TONY REV	
1.3 STREET ADDRESS	711 LEELAND HIGHTS. BLVD. WEST	
1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MALDONADO, DAVID MR	
2.3 STREET ADDRESS	23018 UTICA AVENUE	
2.4 CITY-ST-ZIP	PT. CHARLOTTE FL, 33980	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUESADA, GABRIEL	
3.3 STREET ADDRESS	21508 EDGEWATER DR	
3.4 CITY-ST-ZIP	PT. CHARLOTTE FL, 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANGEL CORDERO	
4.3 STREET ADDRESS	21203 MEEHAM AVENUE	
4.4 CITY-ST-ZIP	PT. CHARLOTTE FL, 33952	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KEYLA FERNANDEZ	
5.3 STREET ADDRESS	137 ORANGE STREET	
5.4 CITY-ST-ZIP	PT. CHARLOTTE FL, 33950	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

None

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3/24/98

1-941-369385

CR2E037 (10/97)