

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90167 021 ****70.00

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DOCUMENT # N21243

1. Corporation Name

LOVE GOSPEL ASSEMBLY OF GOD, INC.

Principal Place of Business

**24038 HARBORVIEW RD
PORT CHARLOTTE FL 33980
US**

Mailing Address

**LOVE GOSPEL ASSEMBLY
P. O. BOX 2583
PORT CHARLOTTE FL 33949
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/22/1987

4. FEI Number

65-0223033

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

TITLE PD
NAME GARCIA, TONY REV
STREET ADDRESS 711 LEELAND HGHTS. BLVD. WEST
CITY-ST-ZIP LEHIGH ACRES FL 33936

☐ DELETE

TITLE T
NAME CORDERO, ANGEL
STREET ADDRESS 21203 MEEHAM AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE T
NAME QUESADA, GABRIEL
STREET ADDRESS 21508 EDGEWATER DR
CITY-ST-ZIP PORT CHARLOTTE FL 33950

☐ DELETE

TITLE TD
NAME MALDONADO, DAVID MR
STREET ADDRESS 23018 UTICA AVENUE
CITY-ST-ZIP PT. CHARLOTTE FL 33980

☐ DELETE

TITLE SD
NAME FERNANDEZ, KEYLA
STREET ADDRESS 137 ORANGE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33950

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD

**Blanca Magallanes
21093 Gertrude Ave.
Port Charlotte, FL 33952**

SD

**Santiago, Rachel
330 Myrtle St. Apt #2
Punta Gorda, FL 33950**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)