## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 23, 2001 8:00 am Secretary of State DOCUMENT # N21243 1. Entity Name LOVE GOSPEL ASSEMBLY OF GOD. INC. 01-23-2001 90077 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 24038 HARBORVIEW RD LOVE GOSPEL ASSEMBLY PORT CHARLOTTE FL 33980 P. O. BOX 2583 PORT CHARLOTTE FL 33949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0223033 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GARCIA, TONY REV 711 LEELAND HGHTS. BLVD. WEST LEHIGH ACRES FL 33936 City 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 10-01 SIGNATURE Signature, typed name of registe ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Change ☐ Addition NAME GARCIA, TONY REV NAME 711 LEELAND HGHTS, BLVD, WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LEHIGH ACRES FL 33936 CITY-ST-ZIP TITLE Delete TITLE PP ☐ Change ☐ Addition NAME CORDERO, ANGEL NAME DAVID, MALDONADO STREET ADDRESS 21203 MEEHAM AVE STREET ADDRESS 23018 UTICA AVE CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP <del>PORT CHARLOTTE FL33980</del> TITLE ---Delete Addition TITLE ☐ Change PASCUAL, SOLIS NAME QUESADA, GABRIEL NAME STREET ADDRESS 21508 EDGEWATER DR STREET ADDRESS 21116 MCGUIRE AVE CITY-ST-ZIP PORT CHARLOTTE FL 33950 CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete TITLE Change Addition MALDONADO, DAVID MR NAME CATARINO, MAGALLANES STREET ADDRESS 23018 UTICA AVENUE STREET ADDRESS 831 MCMAHON AVE CITY-ST-7IP PT. CHARLOTTE FL 33980 CITY-ST-ZIP PORT CHARLOTTE FL33952 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAGALLANEX. BLANCA NAME NAME STREET ADDRESS 21093 GERTRUDE AVE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☑ Addition SANTIAGO, RACHEL NAME BELLA, QUEZADA NAME STREET ADDRESS 330 MYRTLE ST APT 2 21458 GLENDALE AVE. STREET ADDRESS CITY-ST-ZIP PUOTA GERDA FL 33950 CITY-ST-ZIP PORT CHARLOTTE FL 33952

12. 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 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 some content 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 some content 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 some content 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 some content 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 some content 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 some content 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 some content or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 369-3955