

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90200 007 \*\*\*\*70.00

**DOCUMENT # N21243**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0223033**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☒ Delete  
 NAME **MALDONADO, DAVID**  
 STREET ADDRESS **23018 UTICA AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **T** ☒ Delete  
 NAME **SOLIS, PASCUAL**  
 STREET ADDRESS **21116 MCGUIRE AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **TD** ☐ Delete  
 NAME **CATARINO, MAGALLANES**  
 STREET ADDRESS **831 MCMAHON AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **SD** ☐ Delete  
 NAME **MAGALLANES BLANCA**  
 STREET ADDRESS **21093 GERTRUDE AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **SD** ☒ Delete  
 NAME **BELLA, QUEZADA**  
 STREET ADDRESS **21458 GLENDALE AVE.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME **correction in spelling:**  
 STREET ADDRESS **MAGALLANES, Blanca**  
 CITY-ST-ZIP **3341 Lakeview Blvd. Port Charlotte FL**

TITLE ☐ Change ☐ Addition  
 NAME **33948**  
 STREET ADDRESS **Barbara Dukor**  
 CITY-ST-ZIP **2589 Rock Creek Dr. NW.**

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 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 #

**1-22-02**

**369-3955**

CR2E037 (9/01)