

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21243

FILED
Apr 12, 2008
Secretary of State

Entity Name: LOVE GOSPEL ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

22455 MINERVA AVE.
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 494468
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 65-0223033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, TONY REV
711 LEELAND HEIGHTS BLVD WEST
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, TONY REV
Address: 711 LEELAND HGHTS. BLVD. WEST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD () Delete
Name: MAGALLANES, ARACELI
Address: 21116 MCGUIRE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SD () Delete
Name: ESTRADA, MARICELA
Address: 21131 BERSELL AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: MAGALLANES, BLANCA
Address: 3341 LAKEVIEW BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: SOLIS, PASCUAL
Address: 2528 ELKAM BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: MALDONADO, DAVID
Address: 22278 VICK ST.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ESTRADA, MARICELA
Address: 1054 SALOX ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: ADRIAN, GUIDO
Address: 1054 SALOX ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MALDONADO

D

04/12/2008

Electronic Signature of Signing Officer or Director

Date