FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # N35859 (0)

1. Corporation Name

LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
ORABGE BLOSSUM TRAIL C/O REV. HAGGEO GAUTIER ORLANDO FL 32829 US	4957 COURTLAND LOOP C/O LUIS R. MARTIR, JR. WINTER SPGS. FL 32708 US c/o Gilbert Carrabello

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1989
3a. Date of Last Report: 04/27/1994
4. FEI Number: 58-1210753 57-336925 (Applied For / Not Applicable)

2. Principal Place of Business
21: 1025-1027 Michigan St.
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32806
25: Country: Orange

2a. Mailing Address
26: 1313 Via Villanova
27: Suite, Apt. #, etc.: Winter Springs, FL
28: City & State: [illegible]
29: Zip: 32708
30: Country: Seminole

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIR, LUIS R. J
4957 COURTLAND LOOP
WINTER SPGS. FL 32708

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIR, LUIS R. J	1.2 NAME	
STREET ADDRESS	4957 COURTLAND LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, GERALD	2.2 NAME	
STREET ADDRESS	2521 GRAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIR, MIRIAM	3.2 NAME	
STREET ADDRESS	4957 COURTLAND LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPGS. FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☒ Change ☐ Addition
NAME	MURRAY, GLORIA B.	4.2 NAME	
STREET ADDRESS	204 BEDFORD RD.	4.3 STREET ADDRESS	2857 Harbor Grove Court
CITY-ST-ZIP	ALTA. SPRINGS FL	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	Director	5.1 TITLE	☐ Change ☒ Addition
NAME	Carrabello Gilbert	5.2 NAME	
STREET ADDRESS	1313 Via Villanova	5.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs, FL 32708	5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	☐ Change ☒ Addition
NAME	Carrion, Steven	6.2 NAME	
STREET ADDRESS	2332A Riverbend Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: [signature] 2/8/95 (VOT) [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0010770