FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N35859 (0)

1. Corporation Name

LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1025-1027 W. MICHIGAN ST. C/O REV. ~~HAGGEO GAUTIER~~ Luis R. Martir ORLANDO FL 32806 US	1313 VIA VILLANOVA C/O GILBERT CARABALLO WINTER SPRINGS FL 32708 US

3. Date Incorporated or Qualified: 12/21/1989

3a. Date of Last Report: 02/22/1995

2. Principal Place of Business	2a. Mailing Address
21 1025-1027 W Michigan St.	26
22 Suite, Apt. #, etc. c/o Rev. Luis R. Martir Jr	27 Suite, Apt. #, etc.
23 City & State Orlando Fl.	28 City & State
24 Zip 328 / 25 Country Orange	29 Zip / 30 Country

4. FEI Number: 59-3266925 ☐ 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

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. Jr.
4957 COURTLAND LOOP
WINTER SPGS. FL 32708

10. **Name and Address of New Registered Agent**

81 Name: Rev. Luis R. Martir Jr.
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: Luis R. Martir Pres. 1/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MARTIR, LUIS R. J		12 NAME		
STREET ADDRESS	4957 COURTLAND LOOP		13 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, GERALD		22 NAME		
STREET ADDRESS	2521 GRAND AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	BRONX NY		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MARTIR, MIRIAM		32 NAME		
STREET ADDRESS	4957 COURTLAND LOOP		33 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPGS. FL		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MURRAY, GLORIA B.		42 NAME		
STREET ADDRESS	2887 HARBOR GRACE COURT		43 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CARABALLO, GILBERT		52 NAME		
STREET ADDRESS	1313 VIA VILLANOVA		53 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CARRION, STEVEN		62 NAME		
STREET ADDRESS	232A RIVERBEND DRIVE		63 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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.

SIGNATURE: Luis R Martir 1/30/96 407 660-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #