## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1025-1027 W. MICHIGAN ST. C/O REV. LUIS R. MARTIR JR N35859

(0)

Mailing Address

1313 VIA VILLANOVA

C/O GILBERT CARABALLO

LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC.

ORLANDO FL 32806 US			Winter Springs FL 32708 US				T	3. Date Incorporated or	Qualified	3a. Da	te of Last F		
								12/21/1989 02/05/1996				996	
2. Principal P	Principal Place of Business			2a. Mailing Address			4. FEI Number				Applied For		
21			26					59-3266925				ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status	Desired		<b>—</b>	Additional	
22			City & State									equired	
City & State			<b>⊢</b> 1 ′					6. Election Campaign F	-	П		May Be	
Zip Country			Zip Cou					Trust Fund Contribut	<del> </del>			to Fees	
24	25	29	)			8. This corporation has liability for intangible tax under s. 1 Florida Statutes				189.032,			
-71		Registered Agent				10. Name and Address of New Registered Agent							
•	81	Name	)			<del></del>							
MARTIR, LUIS R JR.						82 Street Address (P.O. Box Number is Not Acceptable)							
	OURTLAND LOOP					82 Street Address (P.O. Box Number is Not Acceptable)							
	SPGS. FL 3270												
			•	•						· · · · · · · · · · · · · · · · · · ·	les Zin	Code	
				. 84	City		FL <sup> 85</sup>			95 rib	C000		
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													
	d name of registered agent a	Registered Ag	ent signatu	re required wh			DATE						
12.		OFFICERS AND I	DIRECTOR		13.		19575	ADDITIONS/CHANGE	S TO OFFIC				
TITLE	PD			DELETE	1.1 TITLE		P/D	TIR, LUIS	378		Change	☐ Addition	
NAME	MARTIR, LUIS				1.2 NAME		MAK	7 COURTLAND	1000	•			
STREET ADDRESS	4957 COURT				1.3 STREET		410	7 COURTENAS	- 50	222/	10		
CITY-ST-ZIP	WINTER SPR	INGS FL		DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		TER SPrings	> +1.	26/6	☐ Change	Addition	
TITLE	VD VALIENIANI A	EDALD		C DECENE	2.2 NAME		8/4	D MAG	PT LL &		C. Citaligo	Page Prodesion	
NAME	KAUFMAN, G					4000000	Dak	inhic, Mar	₩ 17 F				
STREET ADDRESS	2521 GRAND BRONX NY	AVENUE			2.3 STREET		1	OKA FL. 3	3700				
CITY-ST-ZIP TITLE	D D			DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP	- APS	ALM LATE OF	6/05	·····	Change	Addition	
NAME	MARTIR, MIRI	AU			3.2 NAME					* •			
STREET ADDRESS	4957 COURT				3.3 STREE	ADDRESS	3						
CITY-ST-ZIP	WINTER SPG				3.4. CITY-								
TITLE	ST	<u> </u>		DELETE	4.1 TITLE						Change	Addition	
NAME	MURRAY, GL	ORIA B.			4. 2 NAME								
STREET ADDRESS		R GRACE COURT			4.3 STREE	ADDRESS	;						
CITY-ST-ZIP	APOPKA FL				4.4 CITY - 1	T-21P							
TITLE	D			☐ DELETE	5.1 TITLE						☐ Change	☐ Addition	
NAME	CARABALLO,	GILBERT			5.2 NAME								
STREET ADDRESS	1313 VIA VILI				5.3 STREE	ADDRESS	1						
CITY - ST - ZIP	WINTER SPR	INGS FL		1	5.4 CITY-	ST-ZIP					<u> </u>		
TITLE	D			DELETE	6.1 TITLE		1				Change	Addition	
NAME	CARRION, ST				6.2 NAME		1						
STREET ADDRESS	232A RIVERB				6.3 STREE		· [						
CITY-ST-ZIP	ALTAMONTE		dith this 41	ing does not awalif	6.4 CITY-1		stated is	Caction 110 07/2\/i\ Ft	rida Ctatuta	o I burth -	ondik the	l tha	
14. I do 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 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 planged, or on an attachment with an address.													
SIGNAT	URE: (	1 Um Kin	IUN		1114	(·)		13/7/	47	(407	T) 660	2226	