FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90089 021 ****61.25

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DOCUMENT # N35859

1. Corporation Name
LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/21/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3266925 ☐ Applied For ☑ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32805 Country 25 Orange	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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) 1025 W Michigan St
83
84 City Orlando FL 85 Zip Code 32805

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 _____ 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	☐ DELETE	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	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTIR, MIRIAM		2.2 NAME	Carrion Rafael	
STREET ADDRESS	4957 COURTLAND LOOP		2.3 STREET ADDRESS	3425 Fox Croft Circle	
CITY-ST-ZIP	WINTER SPGS. FL		2.4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, GLORIA B.		3.2 NAME		
STREET ADDRESS	2887 HARBOR GRACE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARABALLO, GILBERT		4. 2 NAME		
STREET ADDRESS	1313 VIA VILLANOVA		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNHILL, MARTHA		5.2 NAME		
STREET ADDRESS	232A RIVERBEND DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Luis R. Martir Jr. **SIGNATURE REQUIRED** 3/9/99 649-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #