2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ap

SIGNATURE:

address, with all other like empowered

FILED DOCUMENT # **N35859** Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC. 03-15-2000 90132 015 ****61.25 Principal Place of Business Mailing Address 1025-1027 W. MICHIGAN ST. 1313 VIA VILLANOVA C/O GILBERT CARABALLO C/O REV. LUIS R. MARTIR JR ORLANDO FL 32805 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3266925 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTIR, LUIS R JR 1025 W. MICHIGAN ST ORLANDO FL 32805 Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARTIR, LUIS R. J STREET ADDRESS STREET ADDRESS 4957 COURTLAND LOOP CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE D NAME NAME RAFAEL, CARRION STREET ADDRESS STREET ADDRESS 3425 FOX CRAFT CIRCLE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MURRAY, GLORIA B. STREET ADDRESS STREET ADDRESS 2887 HARBOR GRACE COURT CITY-ST-7IP CITY-ST-ZIP APOPKA FL Change ☐ Addition TITLE ☐ Delete TITLE CARABALLO, GILBERT NAME NAME STREET ADDRESS STREET ADDRESS 1313 VIA VILLANOVA CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete Change ☐ Addition TITLE NAME BARNHILL, MARTHA NAME STREET ADDRESS STREET ADDRESS 232A RIVERBEND DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79 12. 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 report or supplemental 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 10 or Block 11 if