

2001 UNIFORM BUSINESS REPORT (UBR).**DOCUMENT # N35859**

1. Entity Name

LOVE GOSPEL ASSEMBLY OF CENTRAL FLORIDA, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90015 023 ****61.25

Principal Place of Business

1025-1027 W. MICHIGAN ST.
C/O REV. LUIS R. MARTIR JR
ORLANDO FL 32805
US

Mailing Address

1313 VIA VILLANOVA
C/O GILBERT CARABALLO
WINTER SPRINGS FL 32708
US

C0037678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3266925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIR, LUIS R JR
1025 W. MICHIGAN ST
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	MARTIR, LUIS R. J	4957 COURTLAND LOOP	WINTER SPRINGS FL	☐ Delete					☐ Change ☐ Addition
D	RAFAEL, CARRION	3425 FOX CRAFT CIRCLE	OVIDO FL 32765	☐ Delete					☐ Change ☐ Addition
ST	MURRAY, GLORIA B.	2887 HARBOR GRACE COURT	APOPKA FL	☐ Delete					☐ Change ☐ Addition
D	CARABALLO, GILBERT	1313 VIA VILLANOVA	WINTER SPRINGS FL	☐ Delete					☐ Change ☐ Addition
STD	BARNHILL, MARTHA	232A RIVERBEND DRIVE	APOPKA FL	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)