2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35859

FILED Jan 23, 2005 Secretary of State

Entity Name: LOVE GOSPEL WORSHIP CENTER OF ORLANDO, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
C/O REV.	7 W. MICHIGAI LUIS R. MART D, FL 32805				
Current Mailing Address:			New Maili	New Mailing Address:	
C/O DEBC	'GLEN AVE DRAH PRESLE D, FL 32826	EY US			
FEI Number	: 59-3266925	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1025 W. N	LUIS R JR MICHIGAN ST D, FL 32805	US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MARTIR, LUIS 2875 UNIVERS	SITY ACRES DR.	Title: Name: Address:	() Change () Addition	
	ORLANDO, FL	02017	City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP (MARTIR, MIRIA) Delete MM ITY ACRES DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	VP (MARTIR, MIRIA 2875 UNIVERS ORLANDO, FL) Delete MM ITY ACRES DR 32817) Delete GILBERT ORK RD	Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	VP (MARTIR, MIRIA 2875 UNIVERS ORLANDO, FL D (CARABALLO, C 13420 KITTY F ORLANDO, FL) Delete MM iTTY ACRES DR 32817) Delete GILBERT ORK RD 32828) Delete BORAH N AVE	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VP (MARTIR, MIRIA 2875 UNIVERS ORLANDO, FL D (CARABALLO, C 13420 KITTY F ORLANDO, FL D (PRESLEY, DEI 4044 IVEYGLE ORLANDO, FL	Delete MM 32817 Delete GILBERT ORK RD 32828 Delete BORAH N AVE 32826 Delete FAEL WFT CIRCLE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition T (X) Change () Addition PRESLEY, DEBORAH 4044 IVEYGLEN AVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH PRESLEY T 01/23/2005