

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38023

1. Entity Name

GOD IS LOVE MINISTRY, INC.

Principal Place of Business

Mailing Address

2209 W. REYNOLDS ST.
PLANT CITY FL 33566

609 S. SHORT ST.
PLANT CITY FL 33566
S

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0212734

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

DAVIS, ERNESTINE
609 SHORT ST
PLANT CITY FL 33566

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 Ernestine Davis Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

2/9/02

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	DAVIS, JOHN, SR.	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	VP	NAME	DAVIS, DARRYL	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	D	NAME	DAVIS, CATHY	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	T	NAME	DAVIS, ERNESTINE	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	D	NAME	GLOVER, PATRICA	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	
TITLE	DS	NAME	DAVIS, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS			609 SHORT ST	
CITY-ST-ZIP			PLANT CITY FL 33566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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: Ernestine Davis Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/02 813-751-6472

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 PM 2:04

02-27-02 90178 001 \$8.75
02-27-02 90178 002 \$61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)