

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50673 (5)

1. Corporation Name

LOVE COVENANT WORD CHURCH INC.



Principal Place of Business

Mailing Address

4401 S ORANGE AVENUE
123
EDGEWOOD FL 32806
US

4401 S ORANGE AVE
102
EDGEWOOD FL 32806
US

3. Date Incorporated or Qualified
09/02/1992

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 4401 S. Orange Ave

26 4401 S. Orange Ave

4. FEI Number

59-3137206

Applied For

Not Applicable

22 Suite, Apt. #, etc.

123

27 Suite, Apt. #, etc.

123

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Edgewood, FL

28 City & State

Edgewood, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

32806

25 Country

US

29 Zip

32806

30 Country

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOYD, ANDREW R
5612 CURRYFORD RD.
APT. K 12
ORLANDO FL 32822

81 Name

none

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

83

84 City

FL

85 Zip Code

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

Andrew R. Loyd

Andrew R. Loyd Pastor

1-14-96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME LOYD, ANDREW R
STREET ADDRESS 4430 MEDALLION DR #723
CITY-ST-ZIP ORLANDO FL 32808

11 TITLE PD ☒ Change ☐ Addition
12 NAME Loyd, Andrew R
13 STREET ADDRESS 5612 Curry Ford Rd #K-12
14 CITY-ST-ZIP Orlando, FL 32822

TITLE TD ☐ DELETE
NAME LOYD MARY ANN
STREET ADDRESS 5612 CURRYFORD APT K12
CITY-ST-ZIP ORLANDO FL 32822

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME PITTMAN MAXIE M.
STREET ADDRESS 4565 KIRLLAND BLVD.
CITY-ST-ZIP ORLANDO FL 32811

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***61.25

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Andrew R. Loyd

Andrew R. Loyd

1-14-96

407-851-5009

Date

Daytime Phone #

CP2E037 (12/95)