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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90137 007 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N50673**

1. Corporation Name

**LOVE COVENANT WORD CHURCH INC.**

Principal Place of Business

4401 S ORANGE AVENUE  
 123  
 EDGEWOOD FL 32806  
 US

Mailing Address

4401 S ORANGE AVE  
 #123  
 EDGEWOOD FL 32806  
 US



2. Principal Place of Business

21 **1031 W. LANCASTER RD**  
 Suite, Apt. #, etc.

22 **ORLANDO, FL**  
 City & State

23 **ORLANDO ORANGE**  
 Zip Country

24 **32809**

25

2a. Mailing Address

26 **3109 S. SEMORAN BLVD**  
 Suite, Apt. #, etc.

27 **#89**  
 City & State

28 **ORLANDO, FLA**  
 Zip Country

29 **32822**

30

**ORANGE**

3. Date Incorporated or Qualified

**09/02/1992**

4. FEI Number

**59-3137206**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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* **President**

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

(NOTE: Registered Agent signature required when reinstating)

**4/6/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE

NAME **LOYD, ANDREW R**  
 STREET ADDRESS **3109 S SEMORAN BLVD, #89**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **TD**  DELETE

NAME **LOYD MARY ANN**  
 STREET ADDRESS **3109 S SEMORAN BLVD, #89**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **SD**  DELETE

NAME **PITTMAN MAXIE M.**  
 STREET ADDRESS **4565 KIRLLAND BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Rev. Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/99**  
 Date

**407-282-6848**  
 Daytime Phone #

CR2E037 (1/98)