2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # N50673** 1. Entity Name LOVE COVENANT WORD CHURCH INC. 04-19-2001 90301 025 ****61 25 Principal Place of Business Mailing Address 631 W LANCASTER RD 3109 S SEMORAN BLVD ORLANDO FL 32806 004910 US ORLANDO FL 32806 US 2. Principal Place of Business 3. Mailing Address 661 W. Lancaster Rd 661 W. Lancasta Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3137206 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 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) LOYD, ANDREW R. 3109 S SEMORAN BLVD 89 **APT. K 12** Zip Code ORLANDO FL 32822 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition Loyd, Andrew R 661 W. Lencaster Rd LOYD, ANDREW R NAME NAME STREET ADDRESS 3109 S SEMORAN BLVD, #89 STREET ADDRESS Orlando, FL 32809 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE TD ☐ Delete TITLE Change ■ Addition Loyd, Mary Ann 661 W. Lancester Rd NAME LOYD MARY ANN NAME STREET ADDRESS 3109 S SEMORAN BLVD., #89 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE SD - Change Delete_ TITLE ☐ Addition NAME PITTMAN MAXIE M. NAME STREET ADDRESS 4565 KIRLLAND BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

RIDOUIREPANdrew R. Lajd 3/22/01

Change

☐ Addition