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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. McFtham

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Apr 14 1997 8:00am

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DIVISION OF CORPORATIONS

1997

STREET ADDRESS

DOCUMENT #

N9600000016 (3)

LOVE TABERNACLE CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address ATTN: ELDER RICHARD A. BUTTS 944 MORSE STREET ALTAMONTE SPRINGS FL 32701 1742 IMPERIAL PALM DRIVE APOPKA FL 32712-2400 3. Date Incorporated or Qualified 01/02/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4) FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes X No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Elder Richard A. **BUTTS, RICHARD A ELDER** Street Address (P.O. Box Number is Not Acceptable) 82 224 ROBIN ROAD IMPERIAL PALM **ALTAMONTE SPRINGS FL 32701** Zip Code 32712- 2400 APOPKA 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. 1.1)le: typed or printed name of registered agent and title if applica (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 eur pality 117 Change Addition □ DELETE TITLE 1.1 TITLE willie Henderson VALERIA WEEKS 1.2 NAME 9614 MCNORTON ROAD 550 BIRCH CT STREET ADDRESS 1.3 STREET ADDRESS TAMONTE SPRINGS, FL 32714 Altamonic SGS, FL CITY-\$1-ZIP 1.4 CRY-ST-ZIP CO COLLEGE AND STORY DELETE TITLE 2.1 TITLE Change RICHARD A. BUTTS NAME 2.2 NAME 42 IMPERIAL PAIM DR. STREET ADDRESS 23 STREET ADDRESS FL 33712. CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition TITLE 3 1 TITLE CHARLES MITCHELL. NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS ALTAMONE SPRINGS IL CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME

14. I do 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

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP