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FILED
Jul 09, 2002 8:00 am
Secretary of State
05-06-2002 90082 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000190

1. Entity Name

LOVING GLOBE MISSION CHURCH INC.

Principal Place of Business	Mailing Address
2961 N UNIVERSITY BLVD JACKSONVILLE FL 32277	12549 TURNBERRY DRIVE JACKSONVILLE FL 32225

38069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5629 Commerce St	No change
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32211 Country: Duval	Zip Country

4. FEI Number 59-3431574 ☐ 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
MENARD, RAY 12549 TURNBERRY DRIVE JACKSONVILLE FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 | 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MENARD, KYONG 12549 TURNSLBERRY DR JACKSONVILLE FL 32225	☐ Delete	T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STT MENARD, RAY 12549 TURNSLBERRY DR JACKSONVILLE FL 32225	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAGNATO, KYONG 3450 TOWNSEND BLVD #35 JACKSONVILLE FL 32211	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T IN S. Hwang 9500 University Blvd N. #1712 Jacksonville, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: _____ Raymond Menard 4/20/02 (904)565-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #