

DOCUMENT # N99000001417

1. Entity Name

FIRST LOVE CHURCH ~~OF GOD IN CHRIST INC.~~
Drop

Principal Place of Business

Mailing Address

5123 E. MLK BLVD.
TAMPA FL 33619

5123 E. MLK BLVD.
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULL, LARRY
5123 E. MLK BLVD.
TAMPA FL 33619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BULL, LARRY	5123 E MLK BLVD	TAMPA FL 33619	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BULL, RUTH	5123 E MLK BLVD	TAMPA FL 33619	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MITCHELL, CECOLE	4001 N FOWLER AVE	TAMPA FL 33610	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, VALERIE	301 AROH ST	TAMPA FL 33612	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Larry Bull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-01

Date

653-7169
246-9001

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90037 029 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580822

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)