

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 034 ****70.00

DOCUMENT # N99000001417

1. Entity Name

FIRST LOVE CHURCH OF GOD IN CHRIST INC.



Principal Place of Business

5123 E. MLK BLVD.
TAMPA FL 33619

Mailing Address

P.O. BOX 310577
TAMPA FL 33680-3577

2. Principal Place of Business

5123 E. MLK Blvd.

3. Mailing Address

PO Box 310577

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tampa FL

City & State

Tampa FL

Zip

33619

Country

Hillsborough

Zip

33680-0577

Country

Hillsborough

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BULL, LARRY	
STREET ADDRESS	5123 E MLK BLVD	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, JAMES	
STREET ADDRESS	2604 38TH AVE	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTONS, FELICIA	
STREET ADDRESS	1530 RIVER DRIVE APT. K101	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

1-24-05 813-246 9000

Date

Daytime Phone #