

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001690

1. Entity Name

LOVE TABERNACLE COGIC CHURCH OF GOD IN CHRIST, I

Principal Place of Business

944 MORSE ST.
ALTAMONTE SPRINGS FL 32701

Mailing Address

P.O. BOX 151016
ALTAMONTE SPRINGS FL 32715-1016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2452403

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

WEEKS, VALERIA
550 BIRCH COURT
ALTAMONTE SPRINGS FL 32714

Name

RICHARD A. BUTTS

Street Address (P.O. Box Number is Not Acceptable)

412 Monticello Drive

City

Altamonte Springs FL

Zip Code

32701

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

Richard A. Butts

RICHARD A. BUTTS, Incorporator

05/02/01

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

T ☐ Delete
NAME HENDERSON, CHARLES
STREET ADDRESS 2428 COURTLAND BLVD
CITY-ST-ZIP DELTONA FL 32738

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Delete
NAME WELLS, MOSELLA
STREET ADDRESS 18 LINCOLN AVE
CITY-ST-ZIP ORLANDO FL 32810

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Delete
NAME WEEKS, VALERIA
STREET ADDRESS 550 BIRCH CT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32717

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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☐ Change ☐ Addition
TITLE
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:

Richard A. Butts

RICHARD A. BUTTS

05/02/01

321-277-3609

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91313 010 ****61.25

657691



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)