

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001690

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: LOVE TABERNACLE COGIC CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

944 MORSE ST.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151016
ALTAMONTE SPRINGS, FL 327151016

New Mailing Address:

FEI Number: 58-2452403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTTS, RICHARD A
412 MONTICELLO DR.
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HENDERSON, CHARLES
Address: 2428 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: WELLS, MOSELLA
Address: 18 LINCOLN AVE
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: WEEKS, VALERIA
Address: 550 BIRCH CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA WEEKS

T

05/01/2002

Electronic Signature of Signing Officer or Director

Date