2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049625

1. Entity Name
GOD IS LOVE INCORPORATED

Principal Place of Business	Mailing Address
2316 N.W. 14 COURT FORT LAUDERDALE, FL 33311	2316 N.W. 14 COURT FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

FILED
Apr 28, 2004 08:00 AM
Secretary of State

04252004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0988284	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

CARTER, DENNIS J SR.
7805 NW 40TH ST.
CORAL SPRINGS, FL 33065

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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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000135246
04/28/04-80051-017 150.00

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10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	WRIGHT, THOMAS
STREET ADDRESS	2316 N.W. 14CT.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: _Thomas Wright_   4-25-04   954 739-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #