

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 001 ***150.00

DOCUMENT # P00000049625

1. Entity Name
GOD IS LOVE INCORPORATED



Principal Place of Business
**1980 N.W. 46 AVENUE, #443
LAUDERHILL, FL 33313**

Mailing Address
**1980 N.W. 46 AVENUE, #443
LAUDERHILL, FL 33313**

40023600



2. Principal Place of Business - No P.O. Box #
4540 N.W. 36th
Suite, Apt. #, etc.
316

3. Mailing Address
4540 N.W. 36th
Suite, Apt. #, etc.
316

02072007 Chg-P CR2E034 (12/06)

City & State
Lauderdale Lakes, FL
Zip
33319
Country
U.S.

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Lauderdale Lakes
Zip
33319
Country
U.S.

4. FEI Number
65-0988284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 **Carter, Dennis J. SR.**
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07
Date

Daytime Phone #