

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002205

Entity Name: LOVE FELLOWSHIP CHRISTIAN CHURCH, INC.**Current Principal Place of Business:**1047 26TH STREET
ORLANDO, FL 32805**Current Mailing Address:**1047 26TH STREET
ORLANDO, FL 32805 US**FEI Number: 59-3637297****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, SYLVESTER
566 PALIO COURT
OCOE, FL 34761 US*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**Officer/Director Detail :**

Title	PD
Name	ROBINSON, SYLVESTER
Address	566 PALIO COURT
City-State-Zip:	OCOE FL 34761

Title	D
Name	HAYES, BARBARA
Address	4403 MALVERN HILLS DRIVE
City-State-Zip:	ORLANDO FL 32818

Title	D
Name	NORMAN, HENRY
Address	726 GROVE STREET
City-State-Zip:	ORLANDO FL 32805

Title	VD
Name	ROBINSON, CYNTHIA
Address	566 PALIO COURT
City-State-Zip:	OCOE FL 34761

Title	D
Name	ROBINSON, ALEXANDER
Address	464 LANCERS DRIVE
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	ROBINSON, DESAMONA NICOLE
Address	566 PALIO COURT
City-State-Zip:	OCOE FL 34761

I hereby 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 all other like empowered.

SIGNATURE: SYLVESTER ROBINSON**PRESIDENT/DIRECTOR****04/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date