

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007516

**Entity Name:** PSALM 139 LOVE, INC.

**Current Principal Place of Business:**

1844 CLEARBROOKE DR  
CLEARWATER, FL 33670

**Current Mailing Address:**

P.O. BOX 5581  
CLEARWATER, FL 33758 US

**FEI Number: 81-3299918**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PECOTT, AMANDA  
1844 CLEARBROOKE DR  
CLEARWATER, FL 33670 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 PECOTT, AMANDA  
Address 1844 CLEARBROOKE DR  
City-State-Zip: CLEARWATER FL 33670

Title V  
Name PECOTT, PAUL  
Address 1844 CLEARBROOKE DR  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name LEVENTHAL, JOSHUA  
Address 103 DARWIN ROAD  
City-State-Zip: OAK RIDGE TN 37830

Title S  
Name HOWARD, BARBARA  
Address 5888 LITTLESTONE CT.  
City-State-Zip: N. FT. MYERS FL 33903

Title D  
Name AUGUSTAVE, ANSON  
Address DELMAS PORT AU PRINCE  
City-State-Zip: HAITI

*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: PAUL PECOTT**

**VICE PRESIDENT**

**03/08/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date