

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21243

**Entity Name:** LOVE GOSPEL PENTECOSTAL MINISTRIES, INC.**Current Principal Place of Business:**80 ROSEMARY ST  
PORT CHARLOTTE, FL 33954**Current Mailing Address:**PO BOX 494468  
PORT CHARLOTTE, FL 33949 US**FEI Number:** 65-0223033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, TONY REV  
711 LEELAND HEIGHTS BLVD WEST  
LEHIGH ACRES, FL 33936 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:** GARCIA TONY REV

01/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	GARCIA, TONY REV
Address	711 LEELAND HGHTS. BLVD. WEST
City-State-Zip:	LEHIGH ACRES FL 33936

Title	TD
Name	VALVERDE, NUBIA
Address	3714 RAGEN ST
City-State-Zip:	NORT PORT FL 34287

Title	SD
Name	JOHNSTON, MAGDALENA
Address	17333 METCALF AVE
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	D
Name	LEONARDO, PERALTA
Address	23184 RANGER AVE.
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	D
Name	VALVERDE, EDUARDO F
Address	3714 RAGEN ST
City-State-Zip:	NORTH PORT FL 34287

Title	PASTOR ASSOCIATE
Name	GARCIA , LYDIA
Address	711 LEELAND HGHTS BLVD
City-State-Zip:	LEHIGH ACRESS FL 33936

*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:** NUBIA VALVERDE**TRESSURER**

01/10/2021

Electronic Signature of Signing Officer/Director Detail

Date