

2024 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:** Yes**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

03/13/2024

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 MAGALLANES, ARACELI TD
Address 21116 MCGUIRE AVE.
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title OFFICIALS
Name QUEZADA, GABRIEL OD
Address 21201 BASSETT AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title OFFICIALS
Name MAGALLANES, BLANCA
Address 252024 ALDOVER AVE
City-State-Zip: PORT CHARLOTTE FL 33954

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: MAGDALENA JOHNSTON**SECRETARY**

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date