


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006370	
1. Entity Name CONCORD MISSIONARY BAPTIST CHURCH OF LOVETT, FLORIDA, INC.	

Principal Place of Business 829 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331	Mailing Address 829 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2355040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASON, GEORGE W
6372 NW CR 150
GREENVILLE, FL 32331

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000795611 01/28/08-80054-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, WAYNE 1940 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOWNSEND, LARRY 615 NW HAWKS AVE GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAGE, JERRY 1691 NW CONCORD CHURCH ROAD GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASON, GEORGE W 6372 NW CR 150 GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 ~~my~~ empowered.

SIGNATURE: George W. Cason, George W. Cason 1/23/08-850-948-8471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #