

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

DOCUMENT# N02000006370

**Entity Name:** CONCORD MISSIONARY BAPTIST CHURCH OF LOVETT, FLORIDA, INC.

**Current Principal Place of Business:**

829 NW CONCORD CHURCH ROAD  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

829 NW CONCORD CHURCH ROAD  
GREENVILLE, FL 32331

**New Mailing Address:**

FEI Number: 59-2355040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUDSON, WAYNE  
Address: 1940 NW CONCORD CHURCH ROAD  
City-St-Zip: GREENVILLE, FL 32331

Title: DV ( ) Delete  
Name: TOWNSEND, LARRY  
Address: 615 NW HAWKS AVE  
City-St-Zip: GREENVILLE, FL 32331

Title: DS ( ) Delete  
Name: PAGE, JERRY  
Address: 1691 NW CONCORD CHURCH ROAD  
City-St-Zip: GREENVILLE, FL 32331

Title: DT ( ) Delete  
Name: CASON, GEORGE W  
Address: 6372 NW CR 150  
City-St-Zip: GREENVILLE, FL 32331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE W CASON

TREA

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date