

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006370

FILED
Jan 05, 2009
Secretary of State

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