


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003166	
1. Entity Name LOVE MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 5220 CLEVELAND ROAD JACKSONVILLE, FL 32209	Mailing Address 5220 CLEVELAND ROAD JACKSONVILLE, FL 32209
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03192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-3573613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILCOX, LEVY M REV. 6804 BOGATA DRIVE SOUTH JACKSONVILLE, FL 32210
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000531301 05/08/06-80037-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILCOX, LEVY M REV. 6804 BOGATA DRIVE SOUTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, DONNIE DEACON 2650 BUNCHE DRIVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEALY, LEVERTIS DEACON 2826 LIPPICIA ROAD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANE, RICHARD DEACON 2104 WEST 40TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, PATSY L SISTER 7203 RHODE ISLAND DRIVE E JACKSONVILLE, FL 32209
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 like empowered.

SIGNATURE: <u><i>Patsy Lee Marshall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u><i>3/26/06</i></u>	Daytime Phone #: _____
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