

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-19-2007 90070 020 ****61.25

N03000003166
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -2 AM 7:10

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252007 Chg-NP CR2E037 (12/06)	
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			
6. Name and Address of Current Registered Agent WILCOX, LEVY M REV. 6804 BOGATA DRIVE SOUTH JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D PASTOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILCOX, LEVY M REV.		NAME		
STREET ADDRESS	6804 BOGATA DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	X <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOLOMON, DONNIE DEACON		NAME	Adrian A. Williams	
STREET ADDRESS	2650 BUNCHE DRIVE		STREET ADDRESS	435 Arlington Ave, Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville Fl. 32211	
TITLE	D Co-Chairman Deacon Board <input type="checkbox"/> Delete		TITLE	Deacon <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEALY, LEVERTIS DEACON		NAME		
STREET ADDRESS	2826 LIPPIA ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	D Chairmen Deacon Board <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, RICHARD DEACON		NAME		
STREET ADDRESS	2104 WEST 40TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	D CLERK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, PATSY L SISTER		NAME		
STREET ADDRESS	7203 RHODE ISLAND DRIVE E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Patsy Lee Marshall Clerk</i>			Date: 3-14-07		Daytime Phone # <i>1-904-</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

764-0848