

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

Zip 32209

Country Duval

Zip

Country

02252007 Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3573613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, LEVY M REV.
6804 BOGATA DRIVE SOUTH
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☒

\$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 ☐ Delete
NAME WILCOX, LEVY M REV.
STREET ADDRESS 6804 BOGATA DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SOLOMON, DONNIE DEACON
STREET ADDRESS 2650 BUNCHE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE X ☐ Change ☒ Addition
NAME Adrian A. Williams
STREET ADDRESS 435 Arlington Rv., Dr.
CITY-ST-ZIP Jacksonville FL 32211
Deacon

TITLE D Co-Chairman Deacon Board ☐ Delete
NAME NEALY, LEVERTIS DEACON
STREET ADDRESS 2826 LIPPIA ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Chairman Deacon Board ☐ Delete
NAME LANE, RICHARD DEACON
STREET ADDRESS 2104 WEST 40TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D CLERK ☐ Delete
NAME MARSHALL, PATSY L SISTER
STREET ADDRESS 7203 RHODE ISLAND DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Patsy Lee Marshall Clerk

3-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 1-904-

764-0849