

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 021 ****61.25

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**

40106680



04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-3573613

Applied For
Not Applicable

Zip

Country

Zip

Country

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 \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pastor
Rev. Levy M. Wilcox
6804 Bogata Dr. S. Jacksonville, FL 32210 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAMS, ADRIAN A
830 ARLINGTON RIVER DR.
JACKSONVILLE, FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Deacon
Adrian A. Williams
830 Arlington River Dr. Apt 224
Jacksonville, FL 32211 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCC
NEALY, LEVERTIS DEACON
2826 LIPPIA ROAD
JACKSONVILLE, FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Deacon Co. Chairman
Levertis Nealy
2826 Lippia Rd Jacksonville, FL 32209 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman of the Deacons
Richard B Lane
2104 W. 40th St Jacksonville, FL 32209 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Church Clerk
Patsy L Marshall
7203 Rhode Island Dr. E
Jacksonville, Fla, 32209 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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 L. Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-08 Clerk

Date Daytime Phone #

(904)764-0849