2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003166

FILED Mar 17, 2009 Secretary of State

Entity Name: LOVE MISSIONARY BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 5220 CLEVELAND ROAD JACKSONVILLE, FL 32209 **Current Mailing Address: New Mailing Address:** 5220 CLEVELAND ROAD JACKSONVILLE, FL 32209 FEI Number: 20-3573613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILCOX, LEVY M REV 6804 BOGATA DRIVE SOUTH JACKSONVILLE, FL 32210 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILCOX, LEVY M REV. Name: Name: 6804 BOGATA DRIVE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: DC (X) Change () Addition WILLIAMS, ADRIAN A Name: LANE, RICHARD B DEACON Name: Address: 830 ARLIRSTON RIVER DR. Address: 2104 W. 40TH ST. City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32209 Title: DCC () Delete Title: () Change () Addition NEALY, LEVERTIS DEACON Name: Name: Address: 2826 LIPPIA ROAD Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: Title: DC () Delete Title: (X) Change () Addition Name: LANE, RICHARD DEACON Name: GAMBLE, SYLVIA T SISTER 2104 WEST 40TH STREET Address: Address: 4236 KAY VEGA CT. City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32218 Title: DC () Delete Title: (X) Change () Addition MARSHALL, PATSY L SISTER GRAM, SUSAN SISTER Name: Name: 7203 RHODE ISLAND DRIVE E 9063 8TH AVE. Address: Address: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32209 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: RICHARD B. LANE DC 03/17/2009