


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21242</b> 1. Entity Name LOVE CENTER MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 3100 E 11TH STREET SPRINGFIELD, FL 32401	Mailing Address 3100 E 11TH STREET SPRINGFIELD, FL 32401
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2767318</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

WOOD, RUFUS JR  
1911 E 10TH ST.  
PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	0000000730591 05/08/07-80086-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, RUFUS JR. 1911 E 10TH ST. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROXTON, DUANE 336 SENECA AVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, LORENZER 1501 COLORADO AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, WALTER JR. 2142 E 8TH CT. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, JENNIFER K 2142 EAST 8TH COURT PANAMA CITY, FL 32401
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:** *Jennifer K. Williams* *Jennifer K. Williams* 4/24/07 850-769-3468 EXT 15  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #