


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N38423 1. Entity Name LOVEDALE BAPTIST CHURCH, INC.	
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Principal Place of Business
6595 LOVEDALE RD
BASCOM, FL 32423

Mailing Address
6595 LOVEDALE RD
BASCOM, FL 32423



01092007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3017542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNER, TERESA
6409 WOLF POND RD.
BASCOM, FL 32423

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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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, MILTON 6386 LOVEDALE RD BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNER, TED 6409 WOLF POND RD BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASFORD, ARTHUR 4132 WINTERGREEN RD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, HARVEL 6539 WESTON LOOP BASCOM, FL 32423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80012-009 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #