

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N38423

1. Entity Name

LOVEDALE BAPTIST CHURCH, INC.



Principal Place of Business

6595 LOVEDALE RD
BASCOM FL 32423

Mailing Address

6595 LOVEDALE RD
BASCOM FL 32423



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

BRUNER, TERESA
6409 WOLF POND RD.
BASCOM FL 32423

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 (applicant)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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

TITLE ☐ Delete
NAME D
STREET ADDRESS PITTMAN, MILTON
CITY-ST-ZIP 6386 LOVEDALE RD
BASCOM FL 32423

TITLE ☐ Delete
NAME D
STREET ADDRESS BRUNER, TED
CITY-ST-ZIP 6409 WOLF POND RD
BASCOM FL 32423

TITLE ☐ Delete
NAME D
STREET ADDRESS BASFORD, ARTHUR
CITY-ST-ZIP 4132 WINTERGREEN RD
GREENWOOD FL 32443

TITLE ☐ Delete
NAME D
STREET ADDRESS CHANDLER, HARVEL
CITY-ST-ZIP 6539 WESTON LOOP
BASCOM FL 32423

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000828444
CITY-ST-ZIP 02/26/08-80001-005 61.25

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

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

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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 Section 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:

Ted Bruner

TED BRUNER 2/5/08

850 592 2690