



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000732 1. Entity Name SECOND WEST FLORIDA MISSIONARY BAPTIST ASSOCIATION, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> FILED 05 APR 21 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FL </div>	
Principal Place of Business P.O. BOX 775 MARIANNA, FL 32447-0775		Mailing Address 4753 RIVER ROAD BOSCOM, FL 32423				 04212005 Chg-NP CR2E037 (10/03) <i>MRS</i>	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MCCOLLOUGH, DR. H.G. REV. 4753 RIVER RD. BASCOM, FL 32423				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	MD MCCOLLOUGH, H. G. REV <input type="checkbox"/> Delete 4753 RIVER ROAD BASCOM, FL 32423			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600054203226 05/10/05--01038--004 ***70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM, REV <input type="checkbox"/> Delete 2926 OLD US ROAD MARIANNA, FL 32446			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rev. William Harvey</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, PRINCE REV <input type="checkbox"/> Delete 1205 BIRD AVE CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Rev. Dr. H.G. McCollough</i>				Date: <i>April 21, 2005</i>		Daytime Phone #: <i>(850) 592-8958</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							