

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001536

FILED
Jul 30, 2004
Secretary of State

Entity Name: ST. MARY MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

Current Principal Place of Business:

3910 LAUREL STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3910 LAUREL STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-3729601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, WALLACE Z REV
3910 LAUREL STREET
TAMPA, FL 33607

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MITCHELL, FREDA
Address: 4726 NORMANDY DR
City-St-Zip: TAMPA, FL 33605

Title: SD () Delete
Name: REDDIN, LAFRAN SISTER
Address: C/O 3924 LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: WALKER, ALVIN
Address: 3910 LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: KEARSE, PAUL
Address: 3910 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: SMITH, HELEN
Address: 3910 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN SMITH

D

07/30/2004

Electronic Signature of Signing Officer or Director

Date