

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07032

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** ST. CATHERINE MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

9734 SOUTH SS 301  
BUSHNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

1552 CR 722  
WEBSTER, FL 33597 US

**New Mailing Address:**

**FEI Number:** 59-3035115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSLEY, JOHN Q  
205 E BELT AVE  
BUSHNELL, FL 33513 US

**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: P ( ) Delete  
Name: GRAHAM, MICHAEL K.,  
Address: 9756 SOUTH US 301  
City-St-Zip: BUSHNELL, FL

Title: D ( ) Delete  
Name: STEPHENS, WILMER,  
Address: 265 C.R. 532E  
City-St-Zip: BUSHNELL, FL

Title: D ( ) Delete  
Name: WILKINSON, JERRY  
Address: 1724 CR 609C  
City-St-Zip: BUSHNELL, FL

Title: D ( ) Delete  
Name: AUSLEY, JOHN Q  
Address: 35442 CRESCENT DR  
City-St-Zip: LEESBURG, FL

**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:

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: ALTON E. SPARKMAN

TREA

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date