


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 767436</b> 1. Entity Name <b>THE OLD WEST FLORIDA PRIMITIVE BAPTIST ASSOCIATION, INC.</b>	
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Principal Place of Business <b>504 HOWARD AVENUE TALLAHASSEE, FL 32310</b>	Mailing Address <b>504 HOWARD AVENUE TALLAHASSEE, FL 32310</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>WILSON, LUCIAN 504 HOWARD AVENUE TALLAHASSEE, FL 32310</b>	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD SMITH, CLINTON H 1205 RICHMOND STREET TALLAHASSEE, FL 32304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VMD CLOUD, HARRY P.O. BOX 241 GRETNA, FL 32332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILSON, LUCIAN 504 HOWARD AVE. TALLAHASSEE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WATSON, DAVIS 309 BRICKYARD ROAD MIDWAY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD PARKER, LOUIS 293 WILLIAMS ROAD MIDWAY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:** *Louis Parker* **01/25/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**05 JAN 25 AM 10: 56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2533238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	