


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 032 ****70.00

DOCUMENT # N01000003701 1. Entity Name ST. MARY PRIMITIVE BAPTIST CHURCH, INC.	
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Principal Place of Business 605 MARY ST PUNTA GORDA, FL 33950	Mailing Address 605 MARY ST PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE

40000010



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0897744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NURSE, GRACE
12951 SW KINGS RD
LAKE SUZY, FL 34269

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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: *Grace Nurse* **DATE:** 1/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WORNUM, TAYLOR 5064 MONTEGO LN PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, HAZELLA 220 LEE AVE S ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, STEVE 4228 BLITZEN TERR N PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMAS, ISSAC ASUNCION DR PUTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, JULIA 515 E VIRGINIA AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRELL, SARAH 958 NW DUPIN PORT CHARLOTTE, FL 33948

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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: *Issac Thomas* **DATE:** 1-20-05 **DAYTIME PHONE #:** (941) 637-7782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR