


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90153 035 \*\*\*\*70.00

<b>DOCUMENT # N01000003701</b> 1. Entity Name <b>ST. MARY PRIMITIVE BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>605 MARY ST PUNTA GORDA, FL 33950</b>				Mailing Address <b>605 MARY ST PUNTA GORDA, FL 33950</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 510361</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Punta Gorda, FL</b>			
Zip	Country	Zip <b>33951</b>	Country <b>US</b>		
6. Name and Address of Current Registered Agent <b>NURSE, GRACE 12951 SW KINGS RD LAKE SUZY, FL 34269</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>WORNUM, TAYLOR</b> <b>5064 MONTEGO LN</b> <b>PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Pricena Shara</b> <b>533 East Charlotte Ave.</b> <b>Punta Gorda, FL 33950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JOHNSON, HAZELLA</b> <b>220 LEE AVE S</b> <b>ARCADIA, FL 34266</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Alexander, Ann</b> <b>1361 Kindel Court</b> <b>Punta Gorda, FL 33984</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JONES, STEVE</b> <b>4228 BLITZEN TERR</b> <b>N PORT, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>moore, James</b> <b>515 East Virginia Ave.</b> <b>Punta Gorda, FL 33950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>THOMAS, ISSAC</b> <b>ASUNCION DR</b> <b>PUTA GORDA, FL 33983</b> <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	<b>Treasurer</b> <b>MOORE, JULIA</b> <b>515 E VIRGINIA AVE</b> <b>PUNTA GORDA, FL 33950</b> <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	<b>Financial Secretary</b> <b>MURRELL, SARAH</b> <b>958 NW DUPIN</b> <b>PORT CHARLOTTE, FL 33948</b> <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 exemptions contained in Chapter 119, 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 another like empowered.					
<b>SIGNATURE:</b> <u>Chase Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>(941) 637-7782</u> <small>Daytime Phone #</small>		