

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90007 001 \*\*\*\*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>PO BOX 510361 PUNTA GORDA, FL 33951</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>65-0897744</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>NURSE, GRACE</b> <b>12951 SW KINGS RD</b> <b>LAKE SUZY, FL 34269</b>			Name <b>Na'Shara Price</b> Street Address (P.O. Box Number is Not Acceptable) <b>533 E. Charlotte Ave.</b> City <b>Punta Gorda #</b> <b>FL</b> Zip Code <b>33950</b>		
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 <u><i>Na'Shara Price</i></u> <b>Na'Shara Price</b> <u>2/12/08</u> <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</b> <b>Due by May 1, 2008</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>James Moore</b> <b>515 E. 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	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>Ann Alexander</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>Na'Shara Price</b> <b>533 E. 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	C <b>THOMAS, ISSAC</b> <b>ASUNCION DR</b> <b>PUNTA 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	T <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	FS <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 all other officers empowered.					
SIGNATURE: <u><i>Issac Thomas</i></u> <b>2/12/08 (941) 637-7782</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					