

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003701

FILED
Jan 11, 2009
Secretary of State

Entity Name: ST. MARY PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

605 MARY ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

PO BOX 510361
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 77-0689918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRICE, NA'SHARA
533 E CHARLOTTE AVE
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

PRICE, NA'SHARA
325 BOCA GRANDE BLVD.
PUNTA GORDA, FL 33950 US

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: NA'SHARA PRICE

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WORNUM, TAYLOR
Address: 5064 MONTEGO LN
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: JOHNSON, HAZELLA
Address: 220 LEE AVE S
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: JONES, STEVE
Address: 4228 BLITZEN TERR
City-St-Zip: N PORT, FL 34287

Title: C () Delete
Name: THOMAS, ISSAC
Address: ASUNCION DR
City-St-Zip: PUTA GORDA, FL 33983

Title: T () Delete
Name: MOORE, JULIA
Address: 515 E VIRGINIA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: FS () Delete
Name: MURRELL, SARAH
Address: 958 NW DUPIN
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOHNSON, HAZELAR
Address: 220 LEE AVE S
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change () Addition
Name: JONES, STEVE
Address: 4228 BLITZEN TERR
City-St-Zip: NORTH PORT, FL 34287

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 exemption stated 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 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: ISAAC THOMAS

C

01/11/2009

Electronic Signature of Signing Officer or Director

Date