

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90042 037 ****70.00

DOCUMENT # N04000010235 1. Entity Name CLEARWATER MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 14021 SE 117TH PLACE OCKLAWAHA, FL 32183 US			Mailing Address PO BOX 495 OCKLAWAHA, FL 32183 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-3170487			<input type="checkbox"/> Applied For <input checked="" 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			7. Name and Address of New Registered Agent		
SMITH, OLLIE C 2640 SE 56TH STREET OCALA, FL 34480			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
B. 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 re-registering)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, OLLIE C		NAME		
STREET ADDRESS	2640 SE 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP		
TITLE	VC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RUDOLPH		NAME		
STREET ADDRESS	PO BOX 603		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECTOR, ROSA		NAME		
STREET ADDRESS	9370 SE SUNSET HARBOR ROAD		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	CL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCOME, HELEN		NAME		
STREET ADDRESS	PO BOX 81		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32183		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: * <i>Ollie C Smith</i> <i>Ch Justice</i>			1 17 2005 (352 362 4981)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		