


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3170487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, OLLIE C
2640 SE 56TH STREET
OCALA, FL 34480

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	CT SMITH, OLLIE C 2640 SE 56TH STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHNSON, RUDOLPH PO BOX 603 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HECTOR, ROSA 9370 SE SUNSET HARBOR ROAD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CL WELCOME, HELEN PO BOX 81 OCKLAWAHA, FL 32183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80085-002-70.00

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 like empowered.

SIGNATURE: *Ollie C Smith* 1-1408 352 362 4981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ollie c smith

Date Daytime Phone #