



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000011213</b> 1. Entity Name <b>SAINT JOHN PRIMITIVE BAPTIST CHURCH OF CLEARWATER, INC.</b>	
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Principal Place of Business <b>1002 PALMETTO STREET CLEARWATER, FL 33755</b>	Mailing Address <b>P.O. BOX 1235 CLEARWATER, FL 33755</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2840921</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>ADAMS, BENJAMIN JR. 1686 ASHTON ABBY LN. CLEARWATER, FL 33755</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

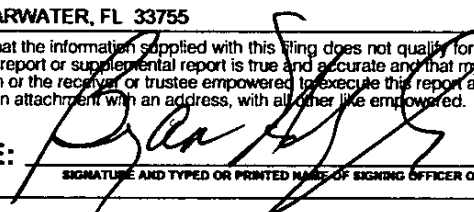
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CEO <b>ADAMS, BENJAMIN JR. 1686 ASHTON ABBY LN. CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <b>RACKARD, CHARLES 604 RICHMOND STREET DUNEDIN, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <b>MILES, KENNETH 651 CAULER AVE. CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <b>EVANS, DONNA 914 ELDRIDGE STREET CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <b>WYMES, ROSLYN 1364 TERRACE ROAD CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <b>SCOTT, RODGERICK 1306 PENNSYLVANIA AVENUE CLEARWATER, FL 33755</b>

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01/09/07-80054-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **01/04/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #