## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State					
DOCUMENT # N0500005015  1. Entity Name ST. MARY MISSIONARY BAPTIST CHURCH, INC.							-11-2008 9	•			
Principal Place of Business 3102 WILEY AVE MIMS, FL 32754		3102	Mailing Address 3102 WILEY AVE MIMS, FL 32754				: <b>8</b> 1311 <b>88</b> 111 <b>88</b> 141 <b>88</b> 11				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			1072008 C	hg- <b>N</b> P	CR2E03	7 (12/06)		
City & State	В	Cit	City & State			4. FEI Number					
Zip	Country  6. Name and Address of Cu	Zip		Country		Certificate of S			\$8.75 Addi Fee Required		
LIGHTSEY 3102 WILE MIMS, FL	YAVE			Street A	ddress (P.O.	Box Number is	Not Acceptable	FL	Zip Code		
	named entity submits this staten ions of registered agent.  Rev: L. L. L. Signature, typed or printed name of registered  Filling Fee is \$61.25  Due by May 1, 2008	ightary	Re	Registered Agent signal	ture required them	reinstating	M	DATE	7/7/20 c payable to	08	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI DC MITCHELL, COLEMAN 2916 CYPRESS AVE MIMS, FL 32754	ND DIRECTORS	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Althor:	itions/chang so mcc. Dickens ille FL	ulough Ave	RS AND DIF	RECTORS IN Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MITCHELL, LEROY 2683 MARIGOLD AVE MIMS, FL 32754		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JW C 958 K	ollier, J nox mo	n rae dr	Apt. 5	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCULLOUGH, ATLAS 927 GIBSON ST TITUSVILLE, FL 32780		Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLE, ALFONSO 1750 TONYA LANE TITUSVILLE, FL 32780		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, RONALD 1870 BURNING TREE DR TITUSVILLE, FL 32780		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		_	☐ Change	☐ 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 audress, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/2008

321 684-3723

Daytime Phone #