

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005015

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** ST. MARY MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3102 WILEY AVE  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

3102 WILEY AVE  
MIMS, FL 32754

**New Mailing Address:**

**FEI Number:** 20-2644003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIGHTSEY, IRA L REV  
3102 WILEY AVE  
MIMS, FL 32754 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: MITCHELL, COLEMAN  
Address: 2916 CYPRESS AVE  
City-St-Zip: MIMS, FL 32754

Title: DC  
Name: MITCHELL, LEROY  
Address: 2683 MARIGOLD AVE  
City-St-Zip: MIMS, FL 32754

Title: DT  
Name: MCCULLOUGH, ATLAS  
Address: 927 GIBSON ST  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: MOLE, ALFONSO  
Address: 1750 TONYA LANE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: COLLIER, JW JR  
Address: 955 KNOX MCRAE DR APT 4  
City-St-Zip: TITUSVILLE, FL 32780

Title: D  
Name: MCCULLOUGH, ALPHONSO  
Address: 4450 DICKENS AVE  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

**SIGNATURE:** REV. IRA L. LIGHTSEY

RA

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date