FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24845** **(2)**

1. Corporation Name

SAINT MARY MISSIONARY BAPTIST CHURCH OF PARRISH, INC.

Principal Place of Business	Mailing Address
11947 ERIE ROAD PARRISH FL 34219 US	11947 ERIE ROAD PARRISH FL 34219 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1988**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt # etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAWSON, REV. FLETCHER JR.
3618 N. 56TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BARNS, ENOCH	12 NAME		
STREET ADDRESS	1020 BETTY LANE	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, WILLIE J.	22 NAME		
STREET ADDRESS	404 3RD AVENUE	23 STREET ADDRESS		
CITY ST ZIP	PARRISH FL	24 CITY ST ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	DOZIER, HORACE J.	32 NAME		
STREET ADDRESS	310 4TH AVENUE	33 STREET ADDRESS		
CITY ST ZIP	PARRISH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	SIMS, CURTIS	42 NAME	SIMS, CURTIS	
STREET ADDRESS	305 2ND STREET	43 STREET ADDRESS	11947 ERIE ROAD	
CITY ST ZIP	PARRISH FL	44 CITY ST ZIP	PARRISH, FL 34219	
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	LAWSON, FLETCHER, J.	52 NAME		
STREET ADDRESS	3618 N. 56TH STREET	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	SIMS, OLA MAE	
STREET ADDRESS		63 STREET ADDRESS	11947 ERIE ROAD	
CITY ST ZIP		64 CITY ST ZIP	PARRISH, FL 34219	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Horace J. Dozier DS — 5-16-95 — 776-1168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0082725