

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

1. NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24845

1. Corporation Name
St. Mary's M.B. Church
P.O. Box 145
Parrish, Florida 34219

Principal Place of Business Mailing Address

P.O. Box 145
Parrish, Florida 34219

3. Date Incorporated or Qualified Feb. 16, 1988
3a. Date of Last Report Mar. 13, 1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number N/A	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rev. Fletcher Lawson Jr.
3618 N 56th St
Tampa, Florida 33619

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dea. Enoch Barnes/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1020 Betty Lane	1.2 NAME	Dea. Willie Adamson Jr.
STREET ADDRESS	Clearwater, Fl	1.3 STREET ADDRESS	2905 34th Av. Dr. E.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bradenton, Fl.
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dea. Willie J. Williamson	2.2 NAME	
STREET ADDRESS	404 3rd Av.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Parrish, Fl. 34219	2.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dea. Horace Dozier	3.2 NAME	
STREET ADDRESS	310 4th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Parrish, Fl. 34219	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deacon Curtis Sims	4.2 NAME	
STREET ADDRESS	305 2nd St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Parrish, Fl. 34219	4.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Fletcher Lawson Jr.	5.2 NAME	
STREET ADDRESS	3618 N 56th St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33619	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing 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: Fletcher Lawson Jr. / Fletcher Lawson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/2/97 Daytime Phone #: (813) 621-5281

CR2E037 (9/96)