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Secretary of State

03-01-1999 90176 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24845					
1. Corporation Name SAINT MARY MISSIONARY BAPTIST CHURCH OF PARRISH, INC.					
Principal Place of Business 11801 ERIE RD PARRISH FL 34219 US			Mailing Address P.O. BOX 145 PARRISH FL 34219 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/16/1988	
				4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 Rev. Fletcher Lawson, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 83 11755 Erie Rd. 84 City Parrish FL 85 Zip Code 34219			
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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 *Fletcher Lawson, Jr.* DATE **1-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMSON, WILLIE DEA			1.2 NAME			
STREET ADDRESS	2905 34TH AV. DR. E.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, WILLIE J.			2.2 NAME	HALL, Aaron		
STREET ADDRESS	404 3RD AVENUE			2.3 STREET ADDRESS	12012 82nd St. E.		
CITY-ST-ZIP	PARRISH FL			2.4 CITY-ST-ZIP	Parrish, FL		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOZIER, HORACE J.			3.2 NAME			
STREET ADDRESS	310 4TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARRISH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, CURTIS			4.2 NAME			
STREET ADDRESS	305 2ND STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	PARRISH FL			4.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	LAWSON, Fletcher Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWSON, FLETCHER, J.			5.2 NAME			
STREET ADDRESS	3618 N. 56TH STREET			5.3 STREET ADDRESS	11755 Erie Rd		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Parrish, FL		
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			

14. I 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, with all other like empowered.

SIGNATURE: *Fletcher Lawson, Jr.* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 776-3723

CR2E037 (11/98)