

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90388 037 ****61.25

DOCUMENT # N24845

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWSON REV, FLETCHER JR
11755 ERIE RD.
PARRISH FL 34219**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMSON, WILLIE DEA**
CITY-ST-ZIP **2905 34TH AV. DR. E.
BRADENTON FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HALL, AARON**
CITY-ST-ZIP **12012 82ND ST. E
PARRISH FL**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **DOZIER, HORACE J.**
CITY-ST-ZIP **310 4TH AVENUE
PARRISH FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SIMS, CURTIS**
CITY-ST-ZIP **305 2ND STREET
PARRISH FL**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RHODES, CARLTON C**
CITY-ST-ZIP **927 31ST AV. EAST
BRADENTON FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4-11-04 (941) 776-3723