

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90217 033 \*\*\*\*61.25

|   |                                    |   |   |   |  |
|---|------------------------------------|---|---|---|--|
| <b>DOCUMENT # N24845</b><br>1. Entity Name<br><b>SAINT MARY MISSIONARY BAPTIST CHURCH OF PARRISH, INC.</b>  |                                    |   |   |    |  |
| Principal Place of Business<br><b>11801 ERIE RD<br/>PARRISH FL 34219<br/>US</b>   |                                    |   | Mailing Address<br><b>11801 ERIE RD<br/>PARRISH FL 34219<br/>US</b> |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                                    | City & State  |   |   |  |
| Zip   | Country                            | Zip   | Country   | 4. FEI Number <b>NO-T APPLICABLE</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |                                    |   |   | 7. Name and Address of New Registered Agent   |  |
| <b>LAWSON REV, FLETCHER JR<br/>11755 ERIE RD.<br/>PARRISH FL 34219</b>  |                                    |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
|   |                                    |   |   | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |                                    |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |                                    |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |   |  |
| TITLE   | D <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | ADAMSON, WILLIE DEA                |   | NAME  |   |  |
| STREET ADDRESS  | 2905 34TH AV. DR. E.               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BRADENTON FL                       |   | CITY-ST-ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | HALL, AARON                        |   | NAME  |   |  |
| STREET ADDRESS  | 12012 82ND ST. E                   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PARRISH FL                         |   | CITY-ST-ZIP   |   |  |
| TITLE   | DS <input type="checkbox"/> Delete |   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DOZIER, HORACE J.                  |   | NAME  |   |  |
| STREET ADDRESS  | <del>940 4TH AVENUE E</del>        |   | STREET ADDRESS  | 7822 119TH AVE E  |  |
| CITY-ST-ZIP   | PARRISH FL                         |   | CITY-ST-ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | SIMS, CURTIS                       |   | NAME  |   |  |
| STREET ADDRESS  | 305 2ND STREET                     |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | PARRISH FL                         |   | CITY-ST-ZIP   |   |  |
| TITLE   | D <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | RHODES, CARLTON C                  |   | NAME  |   |  |
| STREET ADDRESS  | 927 31ST AV. EAST                  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BRADENTON FL 32408                 |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete    |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                    |   | NAME  |   |  |
| STREET ADDRESS  |                                    |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                    |   | CITY-ST-ZIP   |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.* / Fletcher Lawson, Jr. 4-24-06 (941) 776-3723