


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90012 034 ****61.25

DOCUMENT # N24845 1. Entity Name SAINT MARY MISSIONARY BAPTIST CHURCH OF PARRISH, INC.	
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Principal Place of Business 11801 ERIE RD PARRISH FL 34219 US	Mailing Address 11801 ERIE RD PARRISH FL 34219 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWSON REV, FLETCHER JR 11755 ERIE RD. PARRISH FL 34219	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW. FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ADAMSON, WILLIE DEA 2905 34TH AV. DR. E. BRADENTON FL			
D HALL, AARON 12012 82ND ST. E PARRISH FL			
DS DOZIER, HORACE J. 7822 119TH AVE E PARRISH FL	<input type="checkbox"/> Delete		
D SIMS, CURTIS 305 2ND STREET PARRISH FL	<input checked="" type="checkbox"/> Delete		
D RHODES, CARLTON C 927 31ST AV. EAST BRADENTON FL 32408	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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. 2-26-08 (941) 776-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #