

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 045 ****61.25

DOCUMENT # N26100 1. Entity Name SAINT MARY FREEWILL BAPTIST CHURCH, INC.					
Principal Place of Business 7219 JOHN STREET JACKSONVILLE, FL 32210			Mailing Address 7219 JOHN STREET JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2895785	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TUCKER, WILLIAM H. 7219 JOHN STREET JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name <u>Brenda Tucker</u> Street Address (P.O. Box Number is Not Acceptable) <u>7219 John St.</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32210</u>	
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 <u>Brenda E. Tucker, Secretary Brenda E. Tucker</u> <u>4/13/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TUCKER, WILLIAM H. 7219 JOHN STREET JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, Walter 1226 E. Grant St. Jacksonville, Fl. 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, TERRY 809 BULLS BAY HWY JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, WALTER 1226 E GLANT ST JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker, Brenda E. 7219 John St. Jacksonville, Fl. 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TUCKER, BRENDA E. 7219 JOHN ST JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tucker, Tonya Fin Sec, Director 7219 John St. Jacksonville, Fl. 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Brenda E. Tucker, Sec. Brenda E. Tucker</u> <u>4/13/2007</u> <u>904-993-9250</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					