

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

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 010 ****61.25



DOCUMENT # N94000005700
 1. Entity Name
SAINT PETER MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
 17026 SW 83RD AVE 17026 SW 83RD AVE
 ARCHER FL 32618 ARCHER FL 32618
 US US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3292531 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MCBRIDE, DWAYNE
 17026 SW 83RD AVENUE
 ARCHER FL 32618

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input type="checkbox"/> Delete
NAME	THOMAS ROLLINS, JR.	
STREET ADDRESS	18007 SW 46TH AVE	
CITY-ST-ZIP	ARCHER FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RODOLPH CHISHOLM	
STREET ADDRESS	6521 SW 194TH STREET	
CITY-ST-ZIP	ARCHER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHARLIE SHULER	
STREET ADDRESS	510 SW 174TH STREET	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSCAR ROLLINS	
STREET ADDRESS	5821 SW 190TH STREET	
CITY-ST-ZIP	ARCHER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODNEY MOSS	
STREET ADDRESS	16124 SW 79TH AVE	
CITY-ST-ZIP	ARCHER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOOKER T. HUNT	
STREET ADDRESS	472 NW 7TH TERR	
CITY-ST-ZIP	NEWBERRY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dewitt Lewis, Jr	
STREET ADDRESS	9105 SW 75th St	
CITY-ST-ZIP	Guineville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Thomas Rollins Jr. Thomas Rollins, Jr. 4-9-06 352 4952025*