


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000007067	
1. Entity Name ST. MARY'S COMMUNITY CHURCH, INC	

Principal Place of Business 902 E. RENFRO ST. PLANT CITY, FL 33564-3415	Mailing Address P. O. BOX 3415 PLANT CITY, FL 33564 US
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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3415773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G
 2171 PINE RIDGE ROAD, STE. D
 NAPLES, FL 34109

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNIGHTEN, SR T 3804 CREEKWAY PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KNIGHTEN, SR E 620 CHARLOW COURT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, STELLA M. 604 BETHUNE DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHTEN, SR D 1813 BRAD ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM HARRELL, SANDRA 1304 LOUISIANA ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM DASHER, EMMA 1403 E. MLK BLVD PLANT CITY, FL 33566

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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:  **TIMOTHY KNIGHTEN, SR** **01-27-05** **(813) 478-3503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #