


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000007067.

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



Principal Place of Business Mailing Address

902 E. RENFRO ST. P. O. BOX 3415
 PLANT CITY, FL 33564-3415 PLANT CITY, FL 33564 US



06212006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3415773 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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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 06/26/06-80005-011 61.25

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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: _____ 6/29/06 (813) 754-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #