


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 08:00 A
Secretary of State

DOCUMENT # N98000005001	
1. Entity Name ST. JAMES PRIMITIVE BAPTIST CHURCH OF MULBERRY, INC.	

Principal Place of Business 904 SE 4TH STREET MULBERRY, FL 33860	Mailing Address P.O. BOX 996 MULBERRY, FL 33860
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08142006 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2856266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROOKS, EURA L 5123 FAIR FAX EAST LAKELAND, FL 33813
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, EDWIN C 706 SE 3RD STREET MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALKER, WALTER M 2315 1ST STREET MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, OTIS 3548 WILIS ROAD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENMARK, NOEL 1328 W. HONEY TREE LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSR BROOKS, EURA L 5128 FAIRFAX EAST LAKELAND, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, MARVEEN L 2904 WHEELER ST GORDON HGT., BARTOW, FL 33831

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08/22/06-80006-001 70.00

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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: <u>EURA L. BROOKS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>08-18-06</u> <small>Date</small>	<u>(863)-647-5754</u> <small>Daytime Phone #</small>
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