

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007067

**FILED**  
**Mar 15, 2013**  
**Secretary of State**  
**CC3950359024**

**Entity Name:** ST. MARY'S COMMUNITY CHURCH, INC

**Current Principal Place of Business:**

902 E. RENFRO ST.  
PLANT CITY, FL 33563-3415

**Current Mailing Address:**

P. O. BOX 3415  
PLANT CITY, FL 33563 US

**FEI Number: 59-3415773**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KNIGHTEN, SR T  
Address 2110 SYDNEY DOVER ROAD  
City-State-Zip: DOVER FL 33527

Title DVP  
Name KNIGHTEN, SR E  
Address 620 CHARLOW COURT  
City-State-Zip: PLANT CITY FL 33563

Title DS  
Name GOODWINE, BETTYE  
Address 705 E. ALABAMA ST  
City-State-Zip: PLANT CITY FL 33563

Title T  
Name KNIGHTEN, SR D  
Address 1813 BOND ST  
City-State-Zip: PLANT CITY FL 33563

Title TM  
Name KNIGHTEN, PAMELA  
Address 2110 SYDNEY DOVER RD  
City-State-Zip: DOVER FL 33527

Title TM  
Name KNIGHTEN, JR E  
Address 2718 LEWIS ROAD  
City-State-Zip: DOVER FL 33527

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TIMOTHY S KNIGHTEN SR**

**DP**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date