

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716865

(1)

1. Corporation Name

ST. PAUL'S CHURCH, INC.

A 61 25

Principal Place of Business

Mailing Address

108 AMALFIE RD. NOKOMIS, FL
P.O. BOX 21946, REV HENRY DAVIDSON
TAMPA FL 33622-1946
US

108 AMALFIE RD. NOKOMIS, FL
P.O. BOX 21946 REV HENRY DAVIDSON
TAMPA FL 33622-1946
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1969

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2413220

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country
Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLENGER, JACK
108 AMALFIE ROAD
NOKOMIS FL 33555

address correction

81 Name
same: Ballenger, Jack

82 Street Address (P.O. Box Number is Not Acceptable)
legal: 122 Trinity Circle, Tampa, FL

83 mailing: P. O. Box 21946

84 City Tampa,

FL 85 Zip Code
33622-1946

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

April 27, 1995

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DAVIDSON, HENRY (REV.)
STREET ADDRESS	108 AMALFIE ROAD
CITY, ST, ZIP	NOKOMIS FL
TITLE	VD
NAME	BALLENGER, JACK
STREET ADDRESS	108 AMALFIE ROAD
CITY, ST, ZIP	NOKOMIS FL
TITLE	VD
NAME	GRAHAM, HARRIETTE
STREET ADDRESS	108 AMALFIE ROAD
CITY, ST, ZIP	NOKOMIS FL
TITLE	STD
NAME	OSBORN, JOHN R.
STREET ADDRESS	108 AMALFIE ROAD
CITY, ST, ZIP	NOKOMIS FL
TITLE	D
NAME	PETERSON, CAROL J.
STREET ADDRESS	108 AMALFIE ROAD
CITY, ST, ZIP	NOKOMIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	VD ☒ Change ☐ Addition
22 NAME	Jack Ballenger
23 STREET ADDRESS	122 Trinity Circle, P.O.Box 21946
24 CITY, ST, ZIP	Tampa, FL 33622
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	Vice President & Director (VD) ☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	Secretary, Treasurer & Director ☐ Change ☒ Addition
52 NAME	Doris L. Eaves
53 STREET ADDRESS	108 Amalfie
54 CITY, ST, ZIP	Nokomis, FL
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, or as an attachment with an address.

SIGNATURE:

Rev. Henry Davidson

April 27, 1995

(813) 237-9281
FLORIDA

Rev. Henry Davidson, President & Director