

FILE NOW: FILING FEE IS \$61.25 Check enclosed # 2002 . Dated 4/22/1996 (Fidelity Inv)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716865** (1)

1. Corporation Name

ST. PAUL'S CHURCH, INC.



Principal Place of Business 108 AMALFIE RD. NOKOMIS. FL. P.O. BOX 21946. REV HENRY DAVIDSON TAMPA FL 33622-1946 US	Mailing Address 108 AMALFIE RD. NOKOMIS. FL. P.O. BOX 21946. REV HENRY DAVIDSON TAMPA FL 33622-1946 US
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3. Date Incorporated or Qualified 07/14/1969	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 122 Trinity Circle Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33622-1946	2a. Mailing Address 26 P. O. Box 21946 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33622-1946	4. FEI Number 59-2413220 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BALLENGER, JACK
122 TRINITY CIRCLE
P. O. BOX 21946
TAMPA FL 33622**

10. Name and Address of New Registered Agent **Same**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE **Jack Ballenger PD**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/22/1996
DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD DAVIDSON, HENRY (REV.) 108 AMALFIE ROAD NOKOMIS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD BALLENGER, JACK 122 TRINITY CIRCLE, P. O. BOX 21946 TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD GRAHAM, HARRIETTE 108 AMALFIE ROAD NOKOMIS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD OSBORN, JOHN R. 108 AMALFIE ROAD NOKOMIS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD EAVES, DORIS L. 108 AMALFIE NOKOMIS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996
Date

237-9281
Filing Phone #

(813)

CR2E037 (12/95)