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May 02 1997 8:00am Secretary of State

## **NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

141

| <ol> <li>Corporation</li> </ol>  | on Name  |   |  | UNIT CONTROL C |  |                                     |
|--|--|---|--|--|--|-------------------------------------|
| ST. PA   | AUL'S CHURCH, INC.   |   |  | <br>  1 Marie 1988 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884 (1884   | AKU DIDIK BADA BIBH DIDIT I.                                     |                                     |
| Principal Plac   | ce of Business   | Mailing Address   | <u> </u>   |  |  |                                     |
| 22 TRINITY C   |  | P O BOX 21946   |  |  |  |                                     |
|  | 16. REV HENRY DAVIDSON   | P.O. BOX 21946. REV HEN   | RY DAVIDSON  |  |  |                                     |
| AMPA FL 33622-1946<br>IS   |  | TAMPA FL 33622-1946<br>US   |  | 3. Date Incorporated or Qualified 3a. Date of Last Report  |  | leport                              |
| -  |  |   |  | 3. Date Incorporated or Qualified 07/14/1969   | 3a. Date of Last R<br>04/25/19                                   | 96                                  |
| Principal F  | Place of Business worship  | 2a. Mailing Address   | A 4 4  | 4. FEI Number<br>59-2413220  | <del></del>  | oplied For                          |
|  | rinty Place  | 26 P. O. Box 21 Suite, Apt. #, etc.   | 946  | 39 24 13220  | . ¢0.76  | ot Applicable                       |
| P.O.   | #, efc.<br>Box 21946   | 27  |  | 5. Certificate of Status Desired   |  | equired                             |
| City & Stat  |  | City & State  | <del></del>  | 6. Election Campaign Financing   | \$5.00   | May Be                              |
| Tampa  |  |   | <u>-33622-1946</u>   | Trust Fund Contribution  | Added  | to Fees                             |
| Zip<br>] <b>33622 -</b>  | Country<br>-1946 25 Hillsborough   | Zip<br>29 33622- 1946   | Country<br>30Hillsborough  | 8. This corporation has liability for  |  | . 199.032,                          |
| 33022  | 9. Name and Address of Curren  |   | 30(111300100911  | Florida Statutes  10. Name and Address of New Re   | Yes Marie S  | AME                                 |
|  |  |   | 81 Name  |  |  |                                     |
| BALLEN   | IGER, JACK   |   | 82 Street Add  | ress (P.O. Box Number is Not Acceptal  | hle)   |                                     |
| 122 TRII   | NITY CIRLCE  |   |  | reas (r.c. box rearrigin is rear Accopian  |  |                                     |
|  | OX 21946   |   | 83   |  |  |                                     |
| TAMPA FL 33622   |  |   | 84 City  |  | 85 Zip   | Code                                |
| 4 Dunauna  | to the averaging of Captions 517 Off   | 00 d 047 d500 Fig. 14- Dist. 14   |  |  | FL   "   |                                     |
| 1. Pursuant  |  |   |  |  |  |                                     |
| office or i  | registered agent, or both, in the State  | of Piorida Such change was  | es the above named correct the corporal  | poration submits this statement for the parties to the parties of directors. I hereby acce   | purpose of changing it<br>of the appointment as                  | ts registered<br>registered         |
|  |  | uz ang 647 9508, Florida Statule<br>e of Piorida Such change was di<br>parions of Section 617 9503 (Flo | es the above-named corporal attentions and above-named corporal attentions are stated as a second corporal attention at the second corporal attention attention at the second corporal attention attent | poration submits this statement for the place tion's board of directors. I hereby acception's  |  |                                     |
|  | registered agent, or both, in the State am familiar with, and accept the oblig  ALFRED EAVES PD  Signature typed or printed harve of registered ag   | WWW C   | se the above-named corporate the corp  | · ·  | purpose of changing it<br>pt the appointment as<br>pril 17, 1997 |                                     |
| ignature<br>2.   | ALFRED EAVES PD (<br>Signature typed or printed hame of registered ag<br>OFFICERS AN   | ient and like if any cable. (NOTE   | W/V CS   | · ·  | Pri 17, 1997<br>CERS AND DIRECTOR                                | RS IN 12                            |
| ignature<br>2,<br>Tle  | ALFRED EAVES PD Signature typed or printed harve of registered ag OFFICERS AN  | ent and title if applicable. (NOTE  | : Registered Agent signature required 13.  | ired when reinstating)   | pri <u>l 17, 199</u> 7   | RS IN 12                            |
| IGNATURE  2. TLE   | ALFRED EAVES PD ( Signature typed of printed name of registered ap OFFICERS AN PD DAVIDSON, HENRY (REV.)   | ient and like if any cable. (NOTE   | Registered Agent signature required 13.  1.1 TITLE  1.2 NAME   | ired when reinstating)   | Pri 17, 1997<br>CERS AND DIRECTOR                                | RS IN 12                            |
| IGNATURE  2. ILE IME REET ADDRESS  | ALFRED EAVES PD ( Signature typed of printed name of registered ap OFFICERS AN PD DAVIDSON, HENRY (REV.) 108 AMALFIE ROAD  | ient and like if any cable. (NOTE   | Registered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS   | ired when reinstating)   | Pri 17, 1997<br>CERS AND DIRECTOR                                | RS IN 12                            |
| IGNATURE  2.  TLE  AME  TREET ADDRESS  TY-ST-ZIP   | ALFRED EAVES PD ( Signature typed or printed name of registered ap OFFICERS AN PD DAVIDSON, HENRY (REV.) 108 AMALFIE ROAD NOKOMIS FL   | ent and the if precable (NOTE) ID DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | ired when reinstating)   | Prilate 17, 1997<br>CERS AND DIRECTOR<br>Change                  | RS IN 12                            |
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| GNATURE  P.  LE  ME  REET ADDRESS  (Y-ST-ZIP  LE  ME   | ALFRED EAVES PD ( Signature typed or printed name of registered ap OFFICERS AN PD DAVIDSON, HENRY (REV.) 108 AMALFIE ROAD NOKOMIS FL   | ENTERIO DILLE IT APPRICADIO (NOTE  ID DIRECTIONS  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | ired when reinstating)   | Prilate 17, 1997<br>CERS AND DIRECTOR<br>Change                  | RS IN 12                            |
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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 attackment with an address Dir.

April 17, 1997

Daytime Phone # 0048595