

FILE NOW: FILING FEE IS \$61.25 Ck for \$61.25 Encl

FILED

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 |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **716865** (1)

1. Corporation Name

ST. PAUL'S CHURCH, INC.



| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Principal Place of Business 122 TRINITY CIRCLE P.O. BOX 21946, REV HENRY DAVIDSON TAMPA FL 33622-1946 US | Mailing Address P O BOX 21946 P.O. BOX 21946, REV HENRY DAVIDSON TAMPA FL 33622-1946 US |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 07/14/1969 | 3a. Date of Last Report 04/25/1996 |
|--------------------------------------------------------|----------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 122 Trinty Place worship Suite, Apt. #, etc. 22 P.O. Box 21946 City & State 23 Tampa, Florida Zip Country 24 33622 - 1946 25 Hillsborough | 2a. Mailing Address 26 P. O. Box 21946 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL - 33622-1946 Zip Country 29 33622- 1946 30 Hillsborough |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2413220 | Applied For <input type="checkbox"/> 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 ... ngible tax under s. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **ALFRED EAVES PD** *[Signature]* **April 17, 1997**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, HENRY (REV.) |
| STREET ADDRESS | 108 AMALFIE ROAD |
| CITY-ST-ZIP | NOKOMIS FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BALLENGER, JACK |
| STREET ADDRESS | 122 TRINITY CIRCLE, P. O. BOX 21946 |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | GRAHAM, HARRIETTE |
| STREET ADDRESS | 108 AMALFIE ROAD |
| CITY-ST-ZIP | NOKOMIS FL |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | OSBORN, JOHN R. |
| STREET ADDRESS | 108 AMALFIE ROAD |
| CITY-ST-ZIP | NOKOMIS FL |
| TITLE | STD <input type="checkbox"/> DELETE |
| NAME | EAVES, DORIS L. |
| STREET ADDRESS | 108 AMALFIE |
| CITY-ST-ZIP | NOKOMIS FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Rev. Henry Davidson, Pres. & Dir.** **April 17, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone # **0048595**

CF2E037 (9/96)