

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716865

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90083 040 ****61.25

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2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

07/14/1969

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

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

81 Name SAME

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.

SAME
SIGNATURE

Jack Ballenger, Director & Resident Agent

April 16, 1999

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** ☐ DELETE
NAME **DAVIDSON, HENRY (REV.)**
STREET ADDRESS **108 AMALFIE ROAD**
CITY-STATE-ZIP **NOKOMIS FL**

TITLE **VD** ☐ DELETE
NAME **BALLENGER, JACK**
STREET ADDRESS **122 TRINITY CIRCLE, P. O. BOX 21946**
CITY-STATE-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **GRAHAM, HARRIETTE**
STREET ADDRESS **108 AMALFIE ROAD**
CITY-STATE-ZIP **NOKOMIS FL**

TITLE **VPD** ☐ DELETE
NAME **OSBORN, JOHN R.**
STREET ADDRESS **108 AMALFIE ROAD**
CITY-STATE-ZIP **NOKOMIS FL**

TITLE **STD** ☐ DELETE
NAME **EAVES, DORIS L.**
STREET ADDRESS **122 TRINITY CIRCLE**
CITY-STATE-ZIP **TAMPA FL 33622**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Henry Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April, 16, 1999

Date

Daytime Phone #

CR2E037 (11/98)