

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 003 *****61.25

DOCUMENT # 716865



04006020



MGORE CR2E037 (11/03)

1. Entity Name
ST. PAUL'S CHURCH, INC.

Principal Place of Business
TRINITY CIRCLE
TAMPA FL 33622-1946
US

Mailing Address
P.O. BOX 21946
TAMPA FL 33622-1946
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 536
Suite, Apt. #, etc.

City & State
DURANT, FL

Zip
33530-0536

Country
Hillsborough

4. FEI Number
59-2413220

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MALLETT, ROBERT REV
108 AMALFIE RD
NOKOMIS FL 33555

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SAME
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, HENRY (REV.)		NAME		
STREET ADDRESS	108 AMALFIE ROAD		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 33555		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLENGER, JACK REV		NAME		
STREET ADDRESS	108 AMALFIE RS		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 33555		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HARRIETTE REV		NAME		
STREET ADDRESS	108 AMALFIE ROAD		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 33555		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, JOHN R REV		NAME		
STREET ADDRESS	108 AMALFIE ROAD		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 33555		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Robert Mallett July 13, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #