


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90418 003 \*\*\*\*61.25

<b>DOCUMENT # 716865</b> 1. Entity Name <b>ST. PAUL'S CHURCH, INC.</b>			
Principal Place of Business <b>TRINITY CIRCLE</b> <b>TAMPA FL 33622-1946</b> <b>US</b>		Mailing Address <b>P O BOX 536</b> <b>DURANT FL 33530-0536</b> <b>US</b>	
2. Principal Place of Business <b>2441 Bucknell DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>same ( as above )</b> Suite, Apt. #, etc.	
City & State <b>Valrico, FL 33594</b>		4. FEI Number <b>59-2413220</b>	
Zip <b>33594-5720</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>MALLET, ROBERT REV</b> <b>108 AMALFIE RD</b> <b>NOKOMIS FL 33555 ( REPLACED )</b>	
7. Name and Address of New Registered Agent Name <b>Alfred Eaves</b> Street Address (P.O. Box Number is Not Acceptable) <b>2441 Bucknell Dr.</b> City <b>Valrico, FL</b> Zip Code <b>33594</b>		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 <i>Alfred Eaves Jr.</i> <b>Alfred Eaves</b>		DATE <b>April 14, 2006</b>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to</b> <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>DAVIDSON, HENRY (REV.)</b>	STREET ADDRESS <b>108 AMALFIE ROAD</b>	CITY-ST-ZIP <b>NOKOMIS FL 33555</b>
TITLE <b>VD</b>	NAME <b>BALLENGER, JACK REV</b>	STREET ADDRESS <b>108 AMALFIE RS</b>	CITY-ST-ZIP <b>NOKOMIS FL 33555</b>
TITLE <b>VD</b>	NAME <b>GRAHAM, HARRIETTE REV</b>	STREET ADDRESS <b>108 AMALFIE ROAD</b>	CITY-ST-ZIP <b>NOKOMIS FL 33555</b>
TITLE <b>VPD</b>	NAME <b>OSBORN, JOHN R REV</b>	STREET ADDRESS <b>108 AMALFIE ROAD</b>	CITY-ST-ZIP <b>NOKOMIS FL 33555</b>
TITLE <b>PD</b>	NAME <b>Doris Eaves</b>	STREET ADDRESS <b>2441 Bucknell Dr.</b>	CITY-ST-ZIP <b>Valrico, FL 33594-5720</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Alfred Eaves Jr.* **APRIL 14 2006**