

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718887

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** GREATER ST. PAUL MISSIONARY BAPTIST INSTITUTIONAL CHURCH, INC.

**Current Principal Place of Business:**

1130 N WEBSTER AVE  
LAKELAND, FL 338053545

**New Principal Place of Business:**

**Current Mailing Address:**

1130 N WEBSTER AVE  
LAKELAND, FL 338053545

**New Mailing Address:**

**FEI Number:** 59-1301029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, DR. N.S.  
1130 N WEBSTER AVE.  
LAKELAND, FL 33805 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DUNN, ANNETTE  
Address: 606 PONDEROSA DR W  
City-St-Zip: LAKELAND, FL 33810

Title: PD ( ) Delete  
Name: SANDERS, N S  
Address: 1131 N WEBSTER AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: STILLIS, DALE  
Address: 2815 HIGHLAND BLVD  
City-St-Zip: LAKELAND, FL 33804

Title: D ( ) Delete  
Name: WILLIAMS, ANDERSON SR  
Address: 3918 WINCHESTER RD  
City-St-Zip: LAKELAND, FL 33811

Title: TD ( ) Delete  
Name: STANDLEY, JOE  
Address: 646 WHITEHURST  
City-St-Zip: LAKELAND, FL 33805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE M.DUNN

SD

04/14/2009

Electronic Signature of Signing Officer or Director

Date