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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 759264

1. Corporation Name

**ST. PAUL MISSIONARY BAPTIST CHURCH OF HOMESTEAD,
INC.**

Principal Place of Business

**344 SW 4TH AVE
HOMESTEAD FL 33030**

Mailing Address

**344 SW 4TH AVE
HOMESTEAD FL 33030**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/22/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0197938

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

29

30

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, LEE
1129 NW 5TH AVENUE
FLORIDA CITY FL 33034**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TOMLINSON, DONZO**
CITY-ST-ZIP **1453 NW 1ST CT.
FLORIDA CITY FL 33034**

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

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SEYMORE, CEZEL**
CITY-ST-ZIP **241-SW 4TH AVE.
HOMESTEAD FL 33030**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, REV. HENRY L.**
CITY-ST-ZIP **26011 S.W. 130TH AVE.
PRINCETON FL 33033**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JENKINS, FANNIE**
CITY-ST-ZIP **1511 NW 7TH AVE.
FLORIDA CITY FL**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCOTT, LEE**
CITY-ST-ZIP **1129 NW 5TH AVE.
FLORIDA CITY FL**

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

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **BUTLER, AARON.**
CITY-ST-ZIP **1520 NW 19TH ST.
HOMESTEAD FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

Aaron Butler Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext 135

CR2E037 (1/98)