2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005
Secretary of State

DOCUMENT# 759264

Entity Name: ST. PAUL MISSIONARY BAPTIST CHURCH OF HOMESTEAD, INC.

Current Principal Place of Business:

344 SW 4TH A VE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

344 SW 4TH A VE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0197938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LLOYD, FITZGERALD
26434 S.W. 134TH COURT
HOMESTEAD, FL 33032 US

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: FITZGERALD LLOYD 08/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TOMLINSON, DONZO
Address: 1453 NW 1ST CT.
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: VD ( ) Delete
Name: SEYMORE, CEZEL
Address: 241 SW 4TH AVE.
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D ( ) Delete
Name: SEALS, MARY
Address: 777 N.E. 11TH ST., #419
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D ( ) Delete
Name: SCOTT, LEE
Address: 1129 NW 5TH AVE.
City-St-Zip: FLORIDA CITY, FL

Title: ST ( ) Delete
Name: BUTLER, AARON
Address: 1520 NW 19TH ST.
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D ( ) Delete
Name: TOMLINSON, CHARLIE
Address: 1453 N.W. 1ST CT.
City-St-Zip: FLORIDA CITY, FL 33034 US

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: D (X) Change ( ) Addition
Name: LLOYD, FITZGERALD
Address: 26434 S.W. 143TH COURT
City-St-Zip: HOMESTEAD, FL

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 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 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: AARON BUTLER, JR. ST 08/25/2005
Electronic Signature of Signing Officer or Director Date