

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759264

FILED  
May 29, 2007  
Secretary of State

**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:**

**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: \_\_\_\_\_

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: LLOYD, FITZGERALD  
Address: 26434 S.W. 143TH COURT  
City-St-Zip: HOMESTEAD, 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: ( ) 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: AARON BUTLER, JR.

ST

05/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date