

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759264

FILED  
May 02, 2010  
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  
**Name:** SIMMONS, JAMES A  
**Address:** 470 NW 15TH ST..  
**City-St-Zip:** FLORIDA CITY, FL 33034 US

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

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

**Title:** D  
**Name:** TERRY-DAVIS, LORETTA DR.  
**Address:** 25371 SW 122 CT.  
**City-St-Zip:** PRINCETON, FL 330325994

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

**Title:** D  
**Name:** SMITH, LARZETTA  
**Address:** 160 NW 9 TH AV.  
**City-St-Zip:** FLORIDA CITY, FL 33034 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES A SIMMONS

PRES

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date