

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90052 001 ****61.25

DOCUMENT # 760786

1. Entity Name

THE BOARD OF INCORPORATORS OF ST. PAUL AFRICAN M

Principal Place of Business

Mailing Address

**110 S. LAKE ST.
LEESBURG FL 34748****110 S. LAKE ST.
LEESBURG FL 34748****910100**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2105000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRY, LONZIA J
110 S. LAKE ST.
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, MAZIE W 110 S LAKE LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, WAYMON T 110 S LAKE LEESBURG FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, L J 900 MCCORMICK ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLYMP, ERTHA 105 OAK ST LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN L. 1070 TUSKEGEE ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACEY, ALFORNIA 1202 E. MAIN ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPYIES, EDDIE 1019 BAKER ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**J. BERRY****01/21/01****(352)
787-2896**

Date

Daytime Phone #

CR2E037 (10/00)