2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005319

Address:

City-St-Zip:

5227 WESTCHASE CT. #3

JACKSONVILLE, FL 32210

Entity Name: ST. PAUL CHURCH OF ORANGE PARK, INC.

FILED Sep 23, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2115 LOCH RANE BLVD. ORANGE PARK, FL 32073			125	2115 LOCH RANE BLVD. 125 ORANGE PARK, FL 32073	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
P.O. BOX 2399 ORANGE PARK, FL 32073			P.O. BOX 2399 125 ORANGE PARK, FL		
FEI Number	: 14-1137392	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
613 CONS ORANGE	, PAMELA A STITUTION DF PARK, FL 320	073 US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (GUNS, JOHN E 1733 GALLAH, JACKSONVILL	ADION CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BRIGHTWELL 7523 CANAVE JACKSONVILL	RAL ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (RUSSELL, DAI 613 CONSTITU ORANGE PAR	JTION DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (CARTER, ELW) Delete /ANDA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DANNY RUSSELL 09/23/2004 Τ