

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006354

FILED  
May 08, 2007  
Secretary of State

**Entity Name:** SAINT PAUL MISSIONARY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

730 CLARK STREET  
BALDWIN, FL 32234

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1232 S DIXIE AVE  
CALLAHAN, FL 32011

**New Mailing Address:**

P O BOX 2073  
CALLAHAN, FL 32011

FEI Number: 51-0514632      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:**

POWELL, CATHERINE G  
473 DELMONT ST.  
BALDWIN, FL 32234      US

**Name and Address of New Registered Agent:**

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: P ( ) Delete  
Name: WILLIAMS, EUGENE  
Address: 5318 S. DIXIE AVE.  
City-St-Zip: CALLAHAN, FL 32011

Title: T ( ) Delete  
Name: JOHNSON, FRED ASST.  
Address: 6211 LOBELIA ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete  
Name: FLETCHER, CHERYL  
Address: 897 BOYKIN LANE  
City-St-Zip: BALDWIN, FL 32234

**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:

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: REV. EUGENE WILLIAMS JR.

P

05/08/2007

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

\_\_\_\_\_  
Date