


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/17/2004-90038-001-\$61.25-\$61.25 *
8/17/2004-90038-002-\$8.75-\$8.75

04 OCT 20 PM 4:40

DOCUMENT # N03000007072					
1. Entity Name SAINT PAUL HOLY MISSIONARY SPIRITUAL BAPTIST CHURCH, INC.					
Principal Place of Business 1663 GEORGIA ST NW #300 PALM BAY, FL 32907			Mailing Address 1663 GEORGIA ST NW #300 PALM BAY, FL 32907		
2. Principal Place of Business <i>Same</i>			3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc. <i>Same as above</i>			Suite, Apt. #, etc. <i>Same as above</i>		
City & State			City & State		
Zip <i>Same as above</i>	Country <i>Same</i>	Zip <i>Same</i>	Country <i>Same</i>	4. FEI Number <i>77-0648994</i> <i>Not applicable for</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALDRON, TOM D ESQ 112 W NEW HAVEN AVE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>Same</i> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, PAMELA 530 HARRISBURG ST-SW PALM BAY, FL 32908 <i>Same</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, ELVIN 1663 GEORGIA ST NW #300 PALM BAY, FL 32907 <i>Same</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, KAREN 1663 GEORGIA ST NW #300 PALM BAY, FL 32907 <i>Same</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00456111



01272004 Chg-NP CR2E037 (10/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/04 *321-728-2835*