

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
06 OCT 31 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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07032006 No Chg-NP CR2E037 (4/06) 06

4. FEI Number
77-0648994

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

Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent

WALDRON, TOM D ESQ
112 W NEW HAVEN AVE
MELBOURNE, FL 32901

Same

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IN THIS SPACE**

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 *Tom Waldron, Esq.* *10/26/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

600080273146
09/28/06--01008--007 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE	D	OK PP
NAME	PAUL, PAMELA	
STREET ADDRESS	530 HARRISBURG ST, SW	
CITY - ST - ZIP	PALM BAY, FL 32908	<i>Same Pamela Paul</i>
TITLE	D	
NAME	TERMITUS, GERDA	<i>Termitus Gerda</i>
STREET ADDRESS	840 HUNAN STREET NE	
CITY - ST - ZIP	PALM BAY, FL 32907	<i>OK 1.6</i>
TITLE	D	
NAME	COX, KAREN - C.K.	<i>Karen Cox</i>
STREET ADDRESS	1663 GEORGIA ST NW #300	<i>10/23/06</i>
CITY - ST - ZIP	PALM BAY, FL 32907	<i>(Same) change</i>
TITLE		
NAME	FRANCINA - HEBER	
STREET ADDRESS	530 - HARRISBURG ST. SW	
CITY - ST - ZIP	PALM - BAY. FL 32908	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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IN THIS SPACE**

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10/31/06--01026--014 **175.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Pamela Paul* *9/06* *321-248-0324*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR