

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 010 ****70.00

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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

*530 Hammelburg St
Palm Bay FL 32908* *mailing address*



01222007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
77-0648994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**
DEPARTMENT OF STATE

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL, PAMELA
530 HARRISBURG ST, SW
PALM BAY, FL 32908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TERMITUS, GERDA
840 HUNAN STREET NE
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COX, KAREN
1663 GEORGIA ST NW #300
PALM BAY, FL 32907

*PASEAN LONCK
530 Hammelburg St
Palm Bay FL
32908 1 floor*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEBER, FRANCINA
530 HARRISBURG ST SW
PALM BAY, FL 32908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1. 22 07

321 729.9184