


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90125 004 ****70.00

DOCUMENT # N03000007072 1. Entity Name SAINT PAUL HOLY MISSIONARY SPIRITUAL BAPTIST CHURCH, INC.	
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Principal Place of Business 530 HARRISBURG ST PALM BAY S.W., FL 32908	Mailing Address 530 HARRISBURG ST PALM BAY S.W., FL 32908
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 77-0648994	Applied For: Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 LONCK, PASEAN 530 HARRISBURG ST PALM BAY S.W., FL 32908
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	

**DO NOT WRITE
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  4/03/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #