

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007072

**FILED**  
**May 27, 2011**  
**Secretary of State**

**Entity Name:** SAINT PAUL HOLY MISSIONARY SPIRITUAL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

530 HARRISBURG ST  
PALM BAY S.W., FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**

530 HARRISBURG ST  
PALM BAY S.W., FL 32908

**New Mailing Address:**

**FEI Number:** 77-0648994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALDRON, TOM D ESQ  
112 W NEW HAVEN AVE  
MELBOURNE, FL 32901 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:** D  
**Name:** PAUL, PAMELA  
**Address:** 530 HARRISBURG ST, SW  
**City-St-Zip:** PALM BAY, FL 32908

**Title:** D  
**Name:** JAMES, EZRA  
**Address:** 1500 WINDWOOD AVE  
**City-St-Zip:** PALM BAY, FL 32905

**Title:** D  
**Name:** LONCK, PASEAN  
**Address:** 530 HARRISBURG ST  
**City-St-Zip:** PALM BAY S.W., FL 32908

**Title:** D  
**Name:** HEBER, FRANCINA  
**Address:** 530 HARRISBURG ST SW  
**City-St-Zip:** PALM BAY, FL 32908

I hereby 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 all other like empowered.

**SIGNATURE:** PAMELA PAUL

**DIRE**

**05/27/2011**

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

\_\_\_\_\_  
Date