

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000002137**

1. Entity Name

ST. PAUL PRIMITIVE BAPTIST CHURCH INC.



Principal Place of Business

702 AVENUE C  
HAINES CITY FL 33844

Mailing Address

POST OFFICE BOX 2115  
HAINES CITY FL 33845-2115

2. Principal Place of Business - No P.O. Box #

*Same as Above*

Suite, Apt. #, etc.

*N/A*

3. Mailing Address

*Same as Above*

Suite, Apt. #, etc.

*N/A*

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

81-0664478

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PUGH, WILLIE D  
145 PERRY DR  
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

*NONE*

Street Address (P.O. Box Number is Not Acceptable)

*N/A*

City

**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

*Willie D. Pugh*

*N/A*

*Feb. 5, 2007*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PUGH, WILLIE D ELDER  
CITY-ST-ZIP POST OFFICE BOX 1936  
HAINES CITY FL 33845-1936

TITLE ☐ Delete  
NAME O  
STREET ADDRESS NELSON, O'NEIL  
CITY-ST-ZIP 1113 AVENUE N  
HAINES CITY FL 33844

TITLE ☐ Delete  
NAME O  
STREET ADDRESS PRITCHETT, BENNIE L DEACON  
CITY-ST-ZIP 2204 N. 12TH STREET  
HAINES CITY FL 33844

TITLE ☐ Delete  
NAME S  
STREET ADDRESS WHITE, BETTY J  
CITY-ST-ZIP 2103 BLOSSOM COURT  
HAINES CITY FL 33844

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS WILLIAMS, ELOISE S  
CITY-ST-ZIP 2405 TANGERINE COURT  
HAINES CITY FL 33844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U00000644509  
03/02/07-80044-017 70.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Willie D. Pugh*

*Feb. 5, 2007 (863) 422-5515*