

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002137

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ST. PAUL PRIMITIVE BAPTIST CHURCH INC.

## Current Principal Place of Business:

702 AVENUE C  
HAINES CITY, FL 33844

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 2115  
HAINES CITY, FL 338452115

## New Mailing Address:

FEI Number: 81-0664478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUGH, WILLIE D  
145 PERRY DR  
HAINES CITY, FL 33844 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 ( ) Delete  
Name: PUGH, WILLIE D ELDER  
Address: POST OFFICE BOX 1936  
City-St-Zip: HAINES CITY, FL 338451936

Title: O ( ) Delete  
Name: FENN, ANNIE B  
Address: 545 LAKE VISTA WAY  
City-St-Zip: EAGLE LAKE, FL 33839

Title: O ( ) Delete  
Name: PRITCHETT, BENNIE L DEACON  
Address: 2204 N. 12TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: S ( ) Delete  
Name: WHITE, BETTY J  
Address: 2103 BLOSSOM COURT  
City-St-Zip: HAINES CITY, FL 33844

Title: AS ( ) Delete  
Name: WILLIAMS, ELOISE S  
Address: 2405 TANGERINE COURT  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PASTOR / WILLIE D. PUGH

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date