


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 021 ****70.00

DOCUMENT # N04000004721

1. Entity Name
NEW ST. PAUL MISSIONARY BAPTIST CHURCH, INC.,



Principal Place of Business 550 FRANKLIN STREET BALDWIN, FL 32234-DUV	Mailing Address 550 FRANKLIN STREET BALDWIN, FL 32234-DUV
---	---



02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3414752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, LARRY D
550 FRANKLIN STREET
BALDWIN, FL 32234

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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	.P RILEY, LARRY D 167 SOUTH BLVD W. MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RILEY, CYNTHIA 167 SOUTH BLVD. MACCLENNEY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Gunter</i> GUNTER, ORA LEE 878 LAFAYETTE STREET BALDWIN, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINS, CHRISTINE 4371 BOYKINS LANE BALDWIN, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDNA 546 MARTIN STREET BALDWIN, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT 546 MARTIN STREET BALDWIN, FL 32234

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: *Ora Lee Gunter* *Ora Lee Gunter* 4-28-06 (904)266-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #