


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90193 019 \*\*\*\*70.00

**DOCUMENT # N04000004721**

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



Principal Place of Business <b>550 FRANKLIN STREET          BALDWIN, FL 32234-DUV</b>	Mailing Address <b>550 FRANKLIN STREET          BALDWIN, FL 32234-DUV</b>
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3414752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2007**

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 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

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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* **4-20-07** **904-504-0674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #