2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N04000008338

Entity Name: ST.PAUL THE APOSTLE, INC.

Current Principal Place of Business:

4244 MARINER BLVD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

P O BOX 10742
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-1547076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSH, JAMES
7125 CAMBRIDGE ST
SPRING HILL, FL 34609 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:	MARSH, JAMES	
Address:	7125 CAMBRIDGE ST	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	THOMAS, WILLIAM	
Address:	17853 STUDENT ACRES ST	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	MILLER, GERALD	
Address:	7516 MORELLI AVE	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	D	( ) Delete
Name:	THOMAS, ANN	
Address:	17853 STUDENT ACRES ST	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	MILLER, SHIRLEY	
Address:	7516 MORELLI AVE	
City-St-Zip:	BROOKSVLLE, FL 34613	
Title:	D	( ) Delete
Name:	KOSTER, JUDY	
Address:	5115 SUWANNEE RD.	
City-St-Zip:	SPRING HILL, FL 34607	

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:	
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: WILLIAM THOMAS MR. 01/19/2009

Electronic Signature of Signing Officer or Director — Date