

~~2006~~ **NOT-FOR-PROFIT CORPORATION**
2007 ANNUAL REPORT (AR)

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 015 ****61.25

DOCUMENT # N05000008717

1. Entity Name

**THE NEW ST. PAUL MISSIONARY BAPTIST CHURCH OF
MESTONE, INC.**



Principal Place of Business

**5095 WASHINGTON AVE.
ONA FL 33865**

Mailing Address

**PO BOX 357
ONA FL 33865**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1851097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**JONES, CHARLIE M
5005 LEE AVE
ONA FL 33865**

7. Name and Address of New Registered Agent

Name

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

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

Charlie Mae Jones

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

(NOTE: Registered Agent signature required when reissuing)

5/17/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **C**
STREET ADDRESS **RICHARDSON, BOOKER T SR.**
CITY-ST-ZIP **1514 S.W. HARLEM CIRCLE
ARCADIA FL 34266**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JONES, CHARLIE M**
CITY-ST-ZIP **5005 LEE AVE
ONA FL 33865**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **RICHARDSON, LULA**
CITY-ST-ZIP **1514 S.W. HARLEM CIRC.
ARCADIA FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charlie Mae Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/07 **363**
494-3466

ATTACHMENT

50001635

In reference to:

Document # 105000008717

New St. Paul M.B. Church

P.O. Box 357

Opa, Fla. 33865

To Whom It May Concern:

Please Accept This Check for the above
Name Church, The New St. Paul Missionary
Baptist Church of Limestone, Inc. The card
had been misplaced by mistake.

I am returning the Card rec'd in Mail and
paying the report payment of \$61.25 today
also. I am using an old form I had, for
2006, & replacing this same form along w/ check.
Please accept my apology.

Yours Truly,
Charlie Mae Jones