2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 08, 2008 08:00 AM DOCUMENT # N05000008717 1. Entity Name **Secretary of State** THE NEW ST. PAUL MISSIONARY BAPTIST CHURCH OF LIMESTONE, INC. Principal Place of Business Mailing Address 5095 WASHINGTON AVE. **PO BOX 357** ONA FL 33865 ONA FL 33865 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 14-1851097 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, CHARLIE M Street Address (P.O. Box Number is Not Acceptable) 5005 LEE AVE ONA FL 33865 Zip Code City 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 natio of registered agent until the Tappicative (NOTE: Bog stored Agent signapure required when reinstating) GRAPES RESERVED TESTS LE FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ativipiya ulula ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. U00000821471 Change ☐ Delcte Addition RICHARDSON, BOOKER T SR. NAME 02/19/08-80025**-**019 **70.00** 1514 S.W. HARLEM CIRCLE STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition JONES, CHARLIE M NAME NAME 5005 LEE AVE STREET ADDRESS STREET ADDRESS ONA FL 33865 CITY-ST-ZIP CITY-ST-7:P Delete Change ☐ Addition TITLE TITLE RICHARDSON, LULA NAME NAME 1514 S.W. HARLEM CIRC. STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CRTY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7iP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete ☐ Change HILE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

When I have I have