

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N05237 (5)
 1. Corporation Name
SAINT PAUL MISSIONARY BAPTIST CHURCH OF HOLLY HILL, INC.



| | |
|---|---|
| Principal Place of Business C/O WALTER PETERSON 1125 GRAHAM AVENUE HOLLY HILL FL 32117-2638 | Mailing Address C/O WALTER PETERSON 1125 GRAHAM AVENUE HOLLY HILL FL 32117-2638 |
|---|---|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 09/19/1984 | | |
| 4. FEI Number 59-2740250 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BOYKIN, RUFUS
708 LANCEWOOD DR.
WINTER SPRINGS FL 32114**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rufus Boykin* 4/5/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME BOYKIN, RUFUS | | 1.2 NAME | |
| STREET ADDRESS 708 LANCEWOOD DR | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP WINTER SPRINGS FL | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME COOK, WILMON | | 2.2 NAME | |
| STREET ADDRESS 1067 PATRICK CIRCLE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP DAYTONA BEACH FL | | 2.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME HUGGINS, WILLIE M | | 3.2 NAME | |
| STREET ADDRESS GRAHAM AVE. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP HOLLY HILL FL | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME LUCAS, SIDNEY | | 4.2 NAME | |
| STREET ADDRESS 511 WALKER AVENUE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP HOLLY HILL FL | | 4.4 CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME PRICE, EMMA | | 5.2 NAME | |
| STREET ADDRESS 1125 GRAHAM AVENUE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP HOLLY HILL FL | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rufus Boykin* 4/5/98

CR2E037 (10/97)