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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05237

1. Corporation Name

SAINT PAUL MISSIONARY BAPTIST CHURCH OF HOLLY HILL, INC.

Principal Place of Business

C/O WALTER PETERSON
 1125 GRAHAM AVENUE - Deceased
 HOLLY HILL FL 32117-2638

Mailing Address

C/O WALTER PETERSON
 1125 GRAHAM AVENUE - Deceased
 HOLLY HILL FL 32117-2638



2. Principal Place of Business

21 40 Wilmon Cook
 Suite, Apt. #, etc.

2a. Mailing Address

26 1125 Graham Avenue
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/19/1984

4. FEI Number

59-2740250

Applied For
 Not Applicable

23 City & State

Holly Hill, FL

28 City & State

Holly Hill, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

32117 Volusia

29 Zip 30 Country

32117 Volusia

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BOYKIN, RUFUS
 706 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*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/17/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME BOYKIN, RUFUS
 STREET ADDRESS 706 LANCEWOOD DR
 CITY-ST-ZIP WINTER SPRINGS FL

TITLE D DELETE

NAME COOK, WILMON
 STREET ADDRESS 1067 PATRICK CIRCLE
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE T DELETE

NAME HUGGINS, WILLIE M
 STREET ADDRESS GRAHAM AVE.
 CITY-ST-ZIP HOLLY HILL FL

TITLE D DELETE

NAME LUCAS, SIDNEY
 STREET ADDRESS 511 WALKER AVENUE
 CITY-ST-ZIP HOLLY HILL FL

TITLE S DELETE

NAME PRICE, EMMA
 STREET ADDRESS 1125 GRAHAM AVENUE
 CITY-ST-ZIP HOLLY HILL FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Rufus Boykin* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/99 (904) 252-6771
 Date Daytime Phone #

CR2E037 (1198)