

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08788 (4)**  
1. Corporation Name  
**NEW ST. PAUL TEMPLE CHURCH OF GOD IN CHRIST INCO  
RPORATED**



Principal Place of Business <b>C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610</b>	Mailing Address <b>C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610</b>
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3. Date Incorporated or Qualified <b>04/18/1985</b>		
4. FEI Number <b>59-2520497</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**JONES, DAVID A.  
5008 SIERRA PLACE  
APT. 7382  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>JONES, DAVID A</b>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5008 SIERRA PLACE APT. 7382</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.2 NAME <b>Jones, David</b>	
		1.3 STREET ADDRESS <b>7202 East Bank Dr.</b>	
		1.4 CITY-ST-ZIP <b>Tampa, Florida</b>	
TITLE <b>SD</b>	NAME <b>RUCKER, BARBARA</b>	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2012 E. WOOD</b>	CITY-ST-ZIP <b>TAMPA FL 33604</b>	2.2 NAME <b>Barbara Rucker</b>	
		2.3 STREET ADDRESS <b>10208 N. 21st Street</b>	
		2.4 CITY-ST-ZIP <b>Tampa, Florida 33612</b>	
TITLE <b>DT</b>	NAME <b>WILLIAMS, ALFONSO</b>	3.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>214 WISHING WELL</b>	CITY-ST-ZIP <b>TAMPA FL</b>	3.2 NAME <b>Williams, Alfonso</b>	
		3.3 STREET ADDRESS <b>3621 E. Genessee</b>	
		3.4 CITY-ST-ZIP <b>Tampa, Fla. 33610</b>	
TITLE <b>D</b>	NAME <b>JONES, DAVID P</b>	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>718 E. 113TH AVENUE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	4.2 NAME <b>Jones, David P.</b>	
		4.3 STREET ADDRESS <b>1205 E. Linebaugh Ave.</b>	
		4.4 CITY-ST-ZIP <b>Tampa, Fla. 33612</b>	
TITLE <b>D</b>	NAME <b>JONES, ALBERT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2809 N.29TH ST.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>CD</b>	NAME <b>MCAFFEE, ALBERT L.</b>	6.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7804 ROBT E. LEE RD</b>	CITY-ST-ZIP <b>TAMPA FL 33637</b>	6.2 NAME <b>MCAFFEE, Albert L.</b>	
		6.3 STREET ADDRESS <b>9605 N. 16th St.</b>	
		6.4 CITY-ST-ZIP <b>Tampa, Fla. 33612</b>	

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: *Barbara Rucker* **Barbara Rucker** 3/30/98 813-272-5140

CR2E037 (10/97)

New St. Paul Temple COBIC, Inc.  
3621 E. Genessee Street  
Tampa, Florida 33610

I.  
Title  
Name  
Street Address  
City-St. Zip

D  
Frazier, Nelia  
7202 East Bank Drive  
Tampa, Fla. 33617

II.  
Title  
Name  
Street Address  
City-St.- Zip

D  
Bunting, Ed  
3621 E. Genessee  
Tampa, Florida 33610