2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# N14187

Entity Name: ST. PAUL'S CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

915 WEST AVENUE A
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1127
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0421531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, CLARENCE L REV.
560 S.W. 3RD STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BROWN, CLARENCE L REV.	
Address:	560 S.W. 3RD STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	STD	( ) Delete
Name:	BROWN, CYNTHIA H	
Address:	560 S.W. 3RD STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	D	( ) Delete
Name:	SMITH, JOHNNIE R	
Address:	617 SW 14TH ST	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	D	( ) Delete
Name:	CATO, HELEN R	
Address:	116 GALIANO STREET	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	MILLNER, MONICA L	
Address:	P O BOX 34	
City-St-Zip:	BELLE GLADE, FL 33430	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE BROWN P/D 08/05/2008

Electronic Signature of Signing Officer or Director — Date