

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14187

FILED
Apr 30, 2009
Secretary of State

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 ()

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

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date