

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90064 045 ****61.25

DOCUMENT # N33221

1. Entity Name

HARRY PAUL MINISTRIES, INC.



Principal Place of Business

**717 EBB TIDE DR.
GREEN COVE SPRINGS FL 32043
US**

Mailing Address

**917 EBB TIDE DR
GREEN COVE SPRINGS FL 32043-8727**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2956294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, JOHN M
623 W ST
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **PAUL, HARRY**
STREET ADDRESS **917 EBB TIDE DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **DVS** ☐ Delete
NAME **LEE, ESTHER D**
STREET ADDRESS **4375 CONFEDRATE PT. RD., #42**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
NAME **PAUL, PETER R**
STREET ADDRESS **BLACK CREEK ROAD**
CITY-ST-ZIP **MOUNTAIN CITY GA 30562**

TITLE **D** ☐ Delete
NAME **PAUL, JOHN M**
STREET ADDRESS **350 PIEDMONT LANE**
CITY-ST-ZIP **CLAYTON GA 30525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ESTHER D. ATKINS**
STREET ADDRESS **1035 Yellow Water Rd**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BARBARA J. PAUL**
STREET ADDRESS **917 Ebb Tide DR**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev Harry Paul - President.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY PAUL 3/10/04 (904) 284-2095
Date Daytime Phone #