

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000029 (9)**

1. Corporation Name

**ST. PAUL MISSIONARY BAPTIST CHURCH OF OAKLAND, F
LORIDA, INC.**



Principal Place of Business

Mailing Address

**413 W. OAKLAND AVE
OAKLAND FL 34760
US**

**P.O. BOX 292
OAKLAND FL 34760**

3. Date Incorporated or Qualified
12/12/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2440304

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISE, RICHARD
537 W. HERRIOTT AVE.
OAKLAND FL 34760**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TR** ☐ DELETE
NAME **MACK, H L**
STREET ADDRESS **511 W. POSTELL AVE.**
CITY-ST-ZIP **OAKLAND FL**

1.1 TITLE **Deacon** ☒ Change ☒ Addition
1.2 NAME **Irvin Moore**
1.3 STREET ADDRESS **304 W. Sadler St.**
1.4 CITY-ST-ZIP **Oakland, Fla. 34760**

TITLE **TR** ☐ DELETE
NAME **MOSBY, JULIUS**
STREET ADDRESS **301 HULL AVE.**
CITY-ST-ZIP **OAKLAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TR** ☒ DELETE
NAME **RICH, HOMER**
STREET ADDRESS **1490 KENNY COURT**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **Deacon** ☐ DELETE
NAME **Irvin Moore**
STREET ADDRESS **304 W. Sadler St**
CITY-ST-ZIP **Oakland, Fla. 34760**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **R.A. WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
Date

407-656-2107
Daytime Phone #

CR2E037 (3/96)