


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 033 ****70.00

DOCUMENT # N93000000029					
1. Entity Name ST. PAUL MISSIONARY BAPTIST CHURCH OF OAKLAND, FLORIDA, INC.					
Principal Place of Business 413 W. OAKLAND AVE OAKLAND, FL 34760 US			Mailing Address P.O. BOX 292 OAKLAND, FL 34760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2440304	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WISE, RICHARD 537 W. HERRIOTT AVE. OAKLAND, FL 34760			Name Mosby, Julius		
			Street Address (P.O. Box Number is Not Acceptable) 301 Hull Ave.		
			City Oakland		
			State FL		
			Zip Code 34760		
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: <i>Julius Mosby</i> <u>Julius Mosby</u> <u>4-24-04</u>					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, IRVIN 304 W SADLER ST OAKLAND, FL 34760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wise, Richard 537 W. Herriott Ave. Oakland, FL 34760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MOSBY, JULIUS 301 HULL AVE. OAKLAND, FL 34760 <i>New Registered Agent</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, HERSEY L 511 W POSTELL AVE OAKLAND, FL 34760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT SR 415 HERRIOTT AVE. OAKLAND, FL 34760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZACKERY, JOE 418 HERRIOTT AVE. OAKLAND, FL 34760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Irvin Moore</i> <u>IRVIN MOORE / DIR.</u> <u>4/22/04</u>					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					

407-654-6237