



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90306 046 \*\*\*\*70.50

<b>DOCUMENT # N93000000029</b> 1. Entity Name <b>ST. PAUL MISSIONARY BAPTIST CHURCH OF OAKLAND, FLORIDA, INC.</b>					
Principal Place of Business <b>413 W. OAKLAND AVE OAKLAND, FL 34760 US</b>			Mailing Address <b>P.O. BOX 292 OAKLAND, FL 34760</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04062005    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-2440304</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>MOSBY, JULIUS 301 HULL AVE. OAKLAND, FL 34760</b>		7. Name and Address of New Registered Agent Name <u>Moore Irvin</u> Street Address (P.O. Box Number is Not Acceptable) <u>304 W. Sadler Ave.</u> City <u>Oakland</u> <b>FL</b> Zip Code <u>34760</u>			
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 <u>Irvin Moore Moore Irvin Moore</u> DATE <u>4/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, IRVIN 304 W SADLER Ave. OAKLAND, FL 34760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Tyrell Bouler 1871 Stationside Dr Oakland FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MOSBY, JULIUS 301 HULL AVE. OAKLAND, FL 34760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Diana Mosby 180 So Walker St Oakland FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, HERSEY L 511 W. POSTELL AVE. OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Bernard Butler 513 W. Henschen Ave. Oakland FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT SR 415 HERRIOTT AVE. OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZACKERY, JOE 418 HERRIOTT AVE. OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, RICHARD 537 W HERRIOTT AVE. OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Irvin Moore</u> DATE <u>4/17/05</u> Daytime Phone # <u>407-654-6737</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					