2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9300000029 1. Entity Name ST. PAUL MISSIONARY BAPTIST CHURCH OF OAKLAND, FLORIDA, INC.				04-2	0-2005 90306 046 ****7	0.50	
413 W. OAKLAND AVE P.O.		Mailing Address P.O. BOX 292 OAKLAND, FL 34760					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005 Chg-N	IP CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-2440304	 -	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	Desired S8.75 Ac		
~	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agent		
MOSENA HILINE			Name	Name Moore Irvin			
MOSBY, JULIUS 301 HULL AVE.		Street Addres	ss (P.O. Box Number is Not	Acceptable)			
OAKLAND, FL 34760			304	W. Sadler \$	lve.		
		City 10a	Pakland FL 34760				
8. The above the obligate SIGNATURE	named entity submits this statement to tions of registered agent.	or the purpose of changing its r	egistered office or regi	stered agent, or both, in the	State of Florida. I am familiar with	n, and accept	
SIGNATURE .	Signature-typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	State	
10.	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of \$ 0 OFFICERS AND DIRECTORS I	N 10	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05-

40?-654-6739

Daytime Phone #