

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 008 ****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**

50000819



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2440304

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MOORE, IRVIN
301 W SADLER AVE
OAKLAND, FL 34760**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, IRVIN**
CITY - ST - ZIP **304 W SADLER ST
OAKLAND, FL 34760**

TITLE ☐ Change ☒ Addition
NAME **T Massey, Barbara**
STREET ADDRESS **428 W. Gullay Ave.**
CITY - ST - ZIP **OAKLAND, FL 34760**

TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **MOSBY, JULIUS**
CITY - ST - ZIP **301 HULL AVE.
OAKLAND, FL 34760**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Mosby, Diana**
CITY - ST - ZIP **1205 Walker St.
Oakland, FL 34760**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WADE, BRUCE**
CITY - ST - ZIP **3845 STONEMONT DR
COCOA, FL 32926**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Wade, Bruce**
CITY - ST - ZIP **1027 Lee Avenue
Rockledge, FL 32955**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **JOHNSON, CODIE**
CITY - ST - ZIP **1601 JOHNS LAKE RD #121
CLERMONT, FL 34711**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**3/18/08 405
MOORE 654-6737**