

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000735

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** ST. PAUL MISSIONARY BAPTIST CHURCH OF SANFORD, INC.

**Current Principal Place of Business:**

813 PINE AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

813 PINE AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-2966599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, LOWMAN III  
813 PINE AVENUE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIVER, LOWMAN J III  
Address: 2726 BUNGALOW BLVD  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: BOYD, WONZEL  
Address: 1114 ORANGE AVE  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: MYLES, DELORIS  
Address: 101 MCKAY BLVD.  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: HARPER, JOHN  
Address: 2816 UNIVERSITY ACRES DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: WALKER, TERRENCE  
Address: 265 MCKAY BLVD  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: HOLT, BRIAN  
Address: 731 SAXON BLVD  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOWMAN OLIVER PASTOR

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date