


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 016 ****61.25

DOCUMENT # N93000004652

1. Entity Name
PARADISE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address

**1112 EAST SCOTT ST
TAMPA FL 33602
US** **P.O. BOX 7911
TAMPA FL 33673
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For

76-0766573 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JAMES W BISHOP
3012 N 22ND ST
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name **FRANK R. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)
1112 E SCOTT ST

City **TAMPA** FL Zip Code **33602**

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 *Frank R. Williams* DATE 2/15/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRANK R	
STREET ADDRESS	3006 E SHADOW LAWN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BETTY J	
STREET ADDRESS	3006 E SHADOW LAWN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENSON, GENEVA	
STREET ADDRESS	4402 N 37TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Frank R. Williams* DATE 2/15/06