FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

N9400000097 (5)

Mailing Address

PAUL STREET FELLOWSHIP INTERDENOMINATIONAL CHURC H. INC.

100 PAUL STREET PENSACOLA FL 32505 US		FRANCES WATSON 1312 POPPY AVENUE PENSACOLA FL 32507-223! US	1312 POPPY AVENUE PENSACOLA FL 32507-2239		3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 02/12/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26	26		59-3230444	Not Applicat	ble	
Suite, Apt #, etc.		Suite, Apt. #, etc.	⊢		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Counti	ry	8. This corporation has liability for i		Ħ	
24	25	29	29 30			Yes 🔽 No	-	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	1 Name				
WATSON, FRANCES 1312 POPPY AVENUE			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32507			8:	3			\neg	
			8-	4 City	*	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _								
	Signature, typed or printed name of registe	red agent and little if applicable (NOTE S AND DIRECTORS	Registered A	gent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
12.	PD	S AND DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addit	tion	
NAME	PATE, WILLIAM	otter	1.2 NAMI			La oneige La rock		
STREET ADDRESS	100 PAUL STREET			ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-	į			ļ	
TITLE	STD	☐ DELETE	2.1 TITLE			Change Addit	lion	
NAME	PATE, FRANCES		2.2 NAMI				1	
STREET ADDRESS	100 PAUL STREET			ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		2. 4 CITY					
THILE	D	☐ DELETE	3.1 TITLE			Change Addit	tion	
NAME	PAYNE, ALICE F.		3.2 NAMI	E		•		
STREET ADDRESS	3212 PARAZINE AVE	. "	3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY				ľ	
TITLE	D	☐ DELETE	4.1 TITLE			Change Addit	tion	
NAME	WATSON, FRANCES	•	4. 2 NAM	ŀΕ				
STREET ADDRESS	1312 POPPY AVE		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32507		4.4 CITY	-ST-ZiP				
TITLE	D	☐ DELETE	5.1 TITLE			Change Addit	tion	
NAME	BUTLER, PAMELA		5 2 NAM	£				
STREET ADDRESS	104 CITRUS STREET		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		5.4 CITY	-ST-ZIP				
TITLE	D	DELETE	61 TITLE			Change Addit	tion	
NAME	VARNADARES, LAURA	4	6.2 NAM	E				
STREET ADDRESS	3212 PARAZINE AVENU	E	63 STRE	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		64 CITY	-ST-ZIP				

64 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual 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

SIGNATURE:

Watson Jan 14,1997

FILED

Jan 23 1997 8:00am

Secretary of State