Applied For

Not Applicable

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400000097

1. Corporation Name

PAUL STREET FELLOWSHIP INTERDENOMINATIONAL CHURC H. INC.

Principal Place of Business
100 PAUL ST -1
PENSACOLA FL 32505
US

2. Principal Place of Business

Suite, Apt. #, etc.

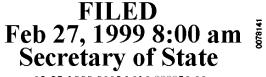
Mailing Address

1312 POPPY AVE PENSACOLA FL 32507

2a. Mailing Address

Suite, Apt. #, etc.

26



02-27-1999 90026 010 \*\*\*\*70.00

3. Date Incorporated or Qualifed

01/07/1994

59-3230444

4. FEI Number

22		[27]				00 0200111		1 110	гфриови
City & State	е	City & State	-			5. Certifcate of Status Desired		\$8.75 A Fee Red	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Contribution	Ш	Added to	Fees
	9. Name and Address of Current					10. Name and Address of New F	legistered	Agent	
				81	Name	<del></del>			
MATCON	FRANCES			82	Stroot Ado	dress (P.O. Box Number is Not Accepta	ble)		-
	PY AVENUE			02					
	LA FL 32507			83					
FENSAGO	ILA FE 32307							85 Zip C	ode.
				84	City		FL	85 Zip C	,oue
11 Dureuant	to the provisions of Sections 617.0502	and 617 1508. Florida Sta	tutes, the a	bove	-named cor	poration submits this statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change wa	s autnonzeo	ועסנ	tne corporat	ion's board of directors. I hereby accep	ot the appoi	ntment as reg	ustered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if sectionals (N	OTE: Penletered	Agent	sionature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.	- Wein	. digitalist to quit	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 11	TLE	-			Change	☐ Addition
NAME	WATSON, PARTRICK		1.2 N	ME					
STREET ADDRESS	1312 POPPY AVE				ADDRESS				
	PENSACOLA FL 33507			TY-ST					
CITY-ST-ZIP TITLE	STD DELETE							☐ Change	Addition
	PATE, FRANCES		2.2 N	AME		-			
	400 DALE CEDEET				ADDRESS				
STREET ADDRESS	PENSACOLA FL 32505		I	2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	D	☐ DELETE			(-44)			Change	Addition
	PAYNE, ALICE F.		3.2 N						
NAME	AGAG DADAZINE AND				ADDRESS				
STREET ADDRESS	PENSACOLA FL			TY-S					
CITY-ST-ZIP	D	☐ DELETE			1-21			☐ Change	☐ Addition
TITLE	WATSON, FRANCES		4. 2 N					•	
NAME STREET ASSOCIATION	1312 POPPY AVE				ADDRESS				
STREET ADDRESS	PENSACOLA FL 32507			TY-ST					
CITY-ST-ZIP	D	DELETE				,	,	Change	- Addition
1	BUTLER, PAMELA		5.2 N			•		•	
NAME STREET ADDRESS	104 CITRUS STREET		5.3 8	REET	ADDRESS				
	PENSACOLA FL 32505			TY-ST	1				
CITY-ST-ZIP	D	DELETE						☐ Change	Addition
TITLE	VARNADARES, LAURA A	_ 5555.5	6.2 N	AME				•	
NAME	3212 PARAZINE AVENUE		63.8	TREET	ADDRESS				
STREET ADDRESS	PENSACOLA FL	* - * - * - *		TY-ST					1
CITY-ST-ZIP	PENOAUULA FL		0.40	111-31	-235"				

I hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

