

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN - 95 11 01 AM

DOCUMENT # **N94000001574 (2)**

1. Corporation Name  
**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.**

Principal Place of Business Mailing Address  
**215 NW 87 AVE NEWBERRY FL 32669** **215 NW 87 AVE NEWBERRY FL 32669**

DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| 3. Date Incorporated or Qualified<br><b>03/25/1994</b>  |  | 3a. Date of Last Report                      |  |
| 4. FEI Number<br><b>265 54 8555</b>   |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>   |  | <b>\$68.75</b> Supplemental Fee Not Required |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|                                |  |                            |  |
|--------------------------------|--|----------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address        |  |
| 21 Suite, Apt. #, etc.         |  | 26 <b>P.O. Box 1512</b>    |  |
| 22 City & State                |  | 27                         |  |
| 23 Zip Country                 |  | 28 <b>NEWBERRY FLORIDA</b> |  |
| 24 Zip Country                 |  | 29 <b>32669</b> 30         |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                        |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>LEE, ARTHUR J PASTOR<br/>14114 SW 12TH PL<br/>NEWBERRY FL 32669</b> |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City <b>FL</b> 85 Zip Code                         |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | <b>PASTOR</b>            | 1.1 TITLE   | <b>PASTOR P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ARTHUR J LEE</b>      | 1.2 NAME  | <b>ARTHUR J LEE</b>  |
| STREET ADDRESS             | <b>14114 SW 12TH PL</b>  | 1.3 STREET ADDRESS                                    | <b>14114 SW 12TH PL</b>  |
| CITY - ST - ZIP            | <b>NEWBERRY FL 32669</b> | 1.4 CITY - ST - ZIP                                   | <b>NEWBERRY, FL 32669</b>  |
| TITLE                      |                          | 2.1 TITLE   | <b>SITR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |                          | 2.2 NAME  | <b>ROSEMARY RUSHING</b>  |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    | <b>300 NE 8th AVE</b>  |
| CITY - ST - ZIP            |                          | 2.4 CITY - ST - ZIP                                   | <b>NEWBERRY, FL 32669</b>  |
| TITLE                      |                          | 3.1 TITLE   | <b>TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                          | 3.2 NAME  | <b>JERSEY SIMPSON</b>  |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    | <b>SW 17th AVE</b>   |
| CITY - ST - ZIP            |                          | 3.4 CITY - ST - ZIP                                   | <b>ARCHER, FL 32618</b>  |
| TITLE                      |                          | 4.1 TITLE   | <b>TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                          | 4.2 NAME  | <b>CATHERINE ALLEN</b>   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    | <b>685 N.W. 4th Street.</b>  |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   | <b>NEWBERRY, FL 32669</b>  |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                          | 6.2 NAME  |  |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Arthur J Lee* **4/26/95 (904) 332-1597**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR