

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # N94000001574 (2)**

1. Corporation Name

**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.**



Principal Place of Business

Mailing Address

215 NW 8T AVE  
NEWBERRY FL 32669

P O BOX 1512  
NEWBERRY FL 32669  
US

3. Date Incorporated or Qualified  
**03/25/1994**

3a. Date of Last Report  
**06/02/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>26-5548555</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, ARTHUR J PASTOR  
14114 SW 12TH PL  
NEWBERRY FL 32669**

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP LEE, ARTHUR J 14114 SW 12TH PL NEWBERRY FL	1.1 TITLE	PP Lee, Arthur J. 14114 S.W. 12TH PL. Newberry Fl
NAME	STR RUSHING, ROSEMARY 300 NE 8TH AVE NEWBERRY FL	1.2 NAME	STR ALLEN, CATHERINE 685 N.W. 4TH ST. Newberry Fl.
STREET ADDRESS	TR SIMPSON, JERSEY SW 79TH AVE ARCHER FL	1.3 STREET ADDRESS	TR Simpson, Jersey S.W. 79th Ave. ARCHER, FL.
CITY - ST - ZIP	TRS ALLEN, CATHERINE 685 NW 4TH ST NEWBERRY FL	1.4 CITY - ST - ZIP	TRS Rushing, Rosemary 300 N.E. 8th Ave Newberry Fl.
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Catherine Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (352) 472-3629

Date

Daytime Phone #

CR2E037 (12/95)