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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400001574 (2)

Principal Place of Business	Mailing Address	
215 NW 8T AVE NEWBERRY FL 32669	P O BOX 1512 NEWBERRY FL 32669-1512	
	US	

FILED Apr 22 1997 8:00am Secretary of State

NEW Si	AINT PAUL MISSIONARY L	BAPITST CHRUCH INC.							
215 NW 8T AVE P O BOX 1512 NEWBERRY FL 32669 NEWBERRY FL 32669-1512 US									
		μο				3. Date incorporated or Qualified 03/25/1994	3a. (Date of Last R 05/01/199	Report 16
2. Principal Pr 21 252/3	Place of Business, Wels	2a. Mailing Address				4. FEI Number 26-5548555			oplied For
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	ot Applicable Additional
22 Newl		City & State		·					equired
23 3266		28			l	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Count	ry		8. This corporation has liability for	intangib Yes	le tax under s	
24]	9. Name and Address of Curre					10. Name and Address of New Re			
11111111			8	1 Name]
	THUR J PASTOR		6	2 Street	Address	s (P.O. Box Number is Not Accepta	ble)		
	W 12TH PL		ā	3		······································			
NEWDER	IRY FL 32669							12-1 -	
			8				FI	_ ' '	Code
11 Pursuant	to the provisions of Sections 617.05	END and 617 1ENR Florida State	was the abo	un namad		ation cultimite this statement for the	ezogruga	of changing it	ts registered
	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617.0503, F	authorized lorida Statut	by the cor	poration	ation submits this statement for the 's board of directors. I hereby acce	pt the ac	pointment as	registered
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO				when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	ngent and title if applicable (NO	TE: Registered A	igent signature			DATE	ND DIRECTOR	3S IN 12
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SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PP LEE, ARTHUR J	ngent and title if applicable (NO	13. 1.1 T/FLI	igent signature	PP Lee	when reinstating)	DATE	ND DIRECTOR	3S IN 12
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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 atlachment with an address.