


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 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 215 NW 8T AVE NEWBERRY FL 32669	Mailing Address P O BOX 1512 NEWBERRY FL 32669-1512 US
---	--

3. Date Incorporated or Qualified 03/25/1994	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 35213 N.W. 8th Ave. Suite, Apt. #, etc. 22 Newberry Fla. City & State 23 32669 Alachua Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	4. FEI Number 26-5548555 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LEE, ARTHUR J PASTOR 14114 SW 12TH PL NEWBERRY FL 32669	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	PP
NAME	LEE, ARTHUR J	1.2 NAME	Lee, Arthur J
STREET ADDRESS	14114 SW 12TH PL	1.3 STREET ADDRESS	25118 N.W. 4th Ave.
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	Newberry Fl. 32669
TITLE	STR	2.1 TITLE	TR
NAME	RUSHING, ROSEMARY	2.2 NAME	West, Janie
STREET ADDRESS	300 NE 8TH AVE	2.3 STREET ADDRESS	25008 N.W. 5th Ave.
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	Newberry Fl. 32669
TITLE	TR	3.1 TITLE	TR
NAME	SIMPSON, JERSEY	3.2 NAME	Simpson, Jersey
STREET ADDRESS	SW 79TH AVE	3.3 STREET ADDRESS	S.W. 79th Ave.
CITY-ST-ZIP	ARCHER FL	3.4 CITY-ST-ZIP	Archer Fl.
TITLE	TRS	4.1 TITLE	Star 5/T; TR
NAME	ALLEN, CATHERINE	4.2 NAME	Allen, Catherine
STREET ADDRESS	685 NW 4TH ST	4.3 STREET ADDRESS	25228 N.W. 6th Ave.
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	Newberry Fl. 32669
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 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.

SIGNATURE: Catherine Allen **REQUIRED** 4/16/97 (352) 955-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011833

CR2E037 (9/96)