


FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # N94000001574 (2)

1. Corporation Name

NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.



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

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

|   |                           |  |                                |
|---|---------------------------|--|--------------------------------|
| 2. Principal Place of Business<br>21 25213 N.W. 8th Ave.<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 | 4. FEI Number<br>26-5548555  | Applied For<br>Not Applicable  |
| 22 Newberry Fla.<br>City & State  | 27                        | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | \$8.75 Additional Fee Required |
| 23 32669 Alachua<br>Zip Country   | 28                        | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24  | 25                        | 29   | 30                             |

|   |
|---|
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>LEE, ARTHUR J PASTOR<br>14114 SW 12TH PL<br>NEWBERRY FL 32669 |  |
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|  |   |
|--|---|
| 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 |   |
|----------------------------|---|
| TITLE                      | PP<br>LEE, ARTHUR J<br>14114 SW 12TH PL<br>NEWBERRY FL    |
| TITLE                      | STR<br>RUSHING, ROSEMARY<br>300 NE 8TH AVE<br>NEWBERRY FL |
| TITLE                      | TR<br>SIMPSON, JERSEY<br>SW 79TH AVE<br>ARCHER FL         |
| TITLE                      | TRS<br>ALLEN, CATHERINE<br>685 NW 4TH ST<br>NEWBERRY FL   |
| TITLE                      |   |
| TITLE                      |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | PP<br>Lee, Arthur J<br>25118 N.W. 4th Ave.<br>Newberry Fl. 32669     |
| 2.1 TITLE   | TR<br>West, Janie<br>25008 N.W. 5th Ave<br>Newberry Fl. 32669        |
| 3.1 TITLE   | TR<br>Simpson, Jersey<br>S.W 79th Ave.<br>Archer Fl.                 |
| 4.1 TITLE   | STR<br>Allen, Catherine<br>25228 N.W. 6th Ave.<br>Newberry Fl. 32669 |
| 5.1 TITLE   |  |
| 6.1 TITLE   |  |

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)