FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

) KANINGA BUR KRUT BERU BERU BERU BUK BUK BUKA BERU BERU BERU KERE BUK KANIN BUKA BUKA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001574 (2)

NEW SAINT PAUL MISSIONARY BAPITST CHRUCH INC.

Principal Place of Business Mailing Address					וסטו נוסט נוסטו מואה וסטוני וסונס וונסט וו		
25213 N.W. 8TH AVE NEWBERRY FL 32669 US		P O BOX 1512 NEWBERRY FL 32669 US			3. Date Incorporated or Qualified 03/25/1994	·	
		00			4. FEI Number 26-5548555	Applied For Not Applicable	
2. Principal F	Place of Businoss	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25		Countr 30	y .	This corporation owes or has paid the corporation of the corporat	Yes No	
	9. Name and Address of Curre	ent Registered Agent		···	10. Name and Address of New Registere	d Agent	
			8	Name			
LEE, ARTHUR J PASTOR 14114 SW 12TH PL			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	RRY FL 32669		8	7			
			. 84	City	F	85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the obli-	02 and 617.1508, Florida Statute e of Florida Such change was at gations of, Section 617.0503, Flor	s, the about horized b ida Statute	ve-named corpora by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Rogistered As	nent signature regu	uired when reinstating) DATE		
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12	
TITLE	PP	☐ DELETE	1.1 TITLE	T		☐ Change ☐ Addition	
NAME	LEE, ARTHUR J		1.2 NAME			<u> </u>	
STREET ADDRESS	25118 N.W. 4TH AVE		1.3 STREE	T ADDRESS		i	
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-	ST-ZIP			
TITLE	1	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	WEST, JANIE		2.2 NAME				
STREET ADDRESS	25008 N.W. 5TH AVE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEWBERRY FL		2. 4 CITY				
TITLE	TR STANDON STORY	DELETE	3 1 TITLE	- 1		Change Addition	
NAME	SIMPSON, JERSEY		3.2 NAME				
STREET ADDRESS	S.W. 79TH AVE ARCHER FL		•	1 ADDRESS			
CITY-ST-ZIP TITLE	TRS	DELETE	3.4. CHTY-	SI-ZIP		Change Addition	
NAME	ALLEN, CATHERINE	parent	4. 2 NAME	,		T Supplies TT supplies	
STREET ADDRESS	25228 N.W. 6TH AVE		1	T ADDRESS			
CITY-ST-ZIP	NEWBERRY FL		4.4 CiTY-				
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME .			5.2 NAME	l			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TALE		DELETE	6.1 TITLE			Change Addition	
NAME			62 NAME	ì			
STREET ADDRESS	·		6.3 STREE	T ADDRESS			

14. I 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 frue 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 trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment with an address.