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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001574

1. Corporation Name
NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business 25213 N.W. 8TH AVE NEWBERRY FL 32669 US	Mailing Address P O BOX 1512 NEWBERRY FL 32669 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/25/1994	4. FEI Number 26-5548555 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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
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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 Lee, ARTHUR J. PASTOR 82 Street Address (P.O. Box Number is Not Acceptable) 25118 N.W. 4th Ave 83 84 City Newberry FL 85 Zip Code 32669
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ARTHUR J	1.2 NAME	
STREET ADDRESS	25118 N.W. 4TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JANIE	2.2 NAME	
STREET ADDRESS	25008 N.W. 5TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, JERSEY	3.2 NAME	
STREET ADDRESS	S.W. 79TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	3.4 CITY-ST-ZIP	
TITLE	TRS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CATHERINE	4.2 NAME	
STREET ADDRESS	25228 N.W. 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Catherine E. Allen Date: 3/29/99 (352) 472-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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