

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90024 017 \*\*\*\*61.25

**DOCUMENT # N94000001574**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-5548555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SR WELCH, CHARLES  
19919 NW 75TH ST  
ALACHUA FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PP  
NAME WELCH, CHARLSE ☐ Delete  
STREET ADDRESS 19919 NW 75TH STREET  
CITY-ST-ZIP ALACHUA FL 32615

TITLE T  
NAME OWEN, VALERIA ☐ Delete  
STREET ADDRESS P O BOX 714  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ST  
NAME OWEN, ALICE ☐ Delete  
STREET ADDRESS P O BOX 718  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE TRS  
NAME ALLEN, CATHERINE ☐ Delete  
STREET ADDRESS 25228 N.W. 6TH AVE  
CITY-ST-ZIP NEWBERRY FL

TITLE T  
NAME ROBINSON, DAVID ☐ Delete  
STREET ADDRESS P O BOX 87  
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Catherine Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04

Date

(352) 472-2419

Daytime Phone #