

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

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90015 042 ****61.25

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1. Entity Name

ST. PAUL COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business

311 S. GARFIELD AVE
DELAND FL 32724

Mailing Address

P O BOX 375
DELAND FL 32721-0375

54066709



MOORE CR2E037 (4/04)

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

59-3284420

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

CARR, A.R.
311 S. GARFIELD AVENUE
DELAND FL 32724

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 September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME CARR, ALVIN R
STREET ADDRESS 311 S. GARFIELD AVENUE
CITY-ST-ZIP DELAND FL 32720

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

TITLE TR ☐ Delete
NAME FEASTER, MARION
STREET ADDRESS 1002 E CAROLINA AVE
CITY-ST-ZIP DELAND FL 32724

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

TITLE T ☐ Delete
NAME MADDOX, ROBERT L
STREET ADDRESS 1512 CARVER ST.
CITY-ST-ZIP DELAND FL 32720

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

TITLE TR ☐ Delete
NAME WALKER, ROBERT
STREET ADDRESS 905 SHERWOOD DRIVE
CITY-ST-ZIP DELAND FL 32720

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

TITLE TR ☐ Delete
NAME BROWN, ROZZIE
STREET ADDRESS 518 W. WINNEMISSETT AVENUE
CITY-ST-ZIP DELAND FL 32720

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

TITLE TRC ☐ Delete
NAME BARKLEY, MARIE M
STREET ADDRESS 680 S PARSONS AVE
CITY-ST-ZIP DELAND FL 32720

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:

Marie M. Barkley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

08-01-04 386-734-7372