

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 010 ****61.25

DOCUMENT # N94000004669

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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 Pastor Alexander Demps
Street Address (P.O. Box Number is Not Acceptable)
311 S. Garfield Ave
DeLand FL 32721
City DeLand FL Zip Code 32720

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

Marie M. Barkley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	P	<input checked="" type="checkbox"/> Delete
NAME	CARR, ALVIN R	
STREET ADDRESS	311 S. GARFIELD AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FEASTER, MARION	
STREET ADDRESS	1002 E CAROLINA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	<input type="checkbox"/> Delete
NAME	MADDOX, ROBERT L	
STREET ADDRESS	1512 CARVER ST.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT	
STREET ADDRESS	905 SHERWOOD DRIVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BROWN, ROZZIE	
STREET ADDRESS	518 W. WINNEMISSETT AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TRC	<input type="checkbox"/> Delete
NAME	BARKLEY, MARIE M	
STREET ADDRESS	680 S PARSONS AVE	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A. Demps	
STREET ADDRESS	311 S. Garfield Ave	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie M. Barkley

07/17/05

Date

386-734-7372

Daytime Phone #