

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 033 ****61.25

DOCUMENT # N95000000082

1. Entity Name

SAINTS EQUIPPED TO EVANGELIZE, INC.



Principal Place of Business

**501 VILLAGE GREEN PKWY
SUITE 22
BRADENTON FL 34209
US**

Mailing Address

**P.O. BOX 587
BRADENTON FL 34206-0587
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0544687

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

**SPATOLA, SALVATORE A
5314 19TH AVE. WEST
BRADENTON FL 34209**

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, 2008**

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** ☐ Delete
NAME **SALVATORE, SPATOLA**
STREET ADDRESS **5314 19TH AVE W**
CITY-STATE-ZIP **BRADENTON FL 34209**

TITLE **CD** ☐ Delete
NAME **CULPEPPER, BART**
STREET ADDRESS **119 MONTICELLO**
CITY-STATE-ZIP **WEAVERVILLE NC 28787**

TITLE **TD** ☐ Delete
NAME **THOMAS, KEITH**
STREET ADDRESS **4709 SNEAD ISLAND RD**
CITY-STATE-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete
NAME **HOWARD, RUSSELL S**
STREET ADDRESS **8848 FAWN RIDGE DR**
CITY-STATE-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D JEREMY E. PURVIS**
STREET ADDRESS **3131 WALNUT ST. #637**
CITY-STATE-ZIP **Philadelphia, PA 19104**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jeremy Purvis
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008
Date

Daytime Phone #