


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002568
 1. Entity Name
SAINT PAUL PENTECOSTAL CHURCH OF GOD INC.



Principal Place of Business: **509 EAST COLUMBUS DRIVE TAMPA, FL 33602**
 Mailing Address: **7917 BAHIA AVENUE TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **36-4137089** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAPERS, LOUTHER
7917 BAHIA AVENUE
TAMPA, FL 33619

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPERS, LOUTHER
STREET ADDRESS	7917 BAHIA AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	CAPERS, LEMAR
STREET ADDRESS	ROUTE 1-A BOX 74
CITY-ST-ZIP	VARNVILLE, SC 22944
TITLE	D
NAME	MITCHELL, LUETTA
STREET ADDRESS	7917 BAHIA AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/14/05-80003-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Louther Capers 3-10-05 (913) 886-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #