


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 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**



03312006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	

U00000508702  
 04/28/06-80011-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Louther Capers **4-12-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #