


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4137089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000907841
05/06/08-80004-013 61.25

10. OFFICERS AND DIRECTORS

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

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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: Susi Hrubka Elder Date: 4-12-08 Daytime Phone #: 813-251-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR