


**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      Mailing Address  
**509 EAST COLUMBUS DRIVE**      **7917 BAHIA AVENUE**  
**TAMPA, FL 33602**      **TAMPA, FL 33619**

**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>36-4137089</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (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**

**000000907841**  
**05/06/08-80004-013 61.25**

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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #