

FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005246 (1)
1. Corporation Name
SAINT PAUL MISSIONARY BAPTIST CHURCH OF LAKE HELEN, INC.



Principal Place of Business 600 JACKSON STREET LAKE HELEN FL 32744	Mailing Address 600 JACKSON STREET LAKE HELEN FL 32744
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3. Date Incorporated or Qualified 10/14/1996	
4. FEI Number 59-3425300	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FOWLER, FLORENCE
822 SOUTH STONE STREET
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	BRADLEY, FRANK	
STREET ADDRESS	480 STEWARD ROAD	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BRADLEY, WILLIAM L SR.	
STREET ADDRESS	602 WEST EUCLID AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EDWARDS, MARTINE	
STREET ADDRESS	334 WEST OHIO AVE.	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOWLER, ALZEDA	
STREET ADDRESS	492 JACKSON ST.	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAJFORD, MARY	
STREET ADDRESS	696 JACKSON STREET	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, KENNEDY D.	
STREET ADDRESS	880 EAST KICKLIGHTER ROAD	
CITY-ST-ZIP	LAKE HELEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T FOWLER, ALZADA
4.3 STREET ADDRESS	492 Jackson Street
4.4 CITY-ST-ZIP	Lake Helen, FL 32744
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T KENNETH D. SMITH
6.3 STREET ADDRESS	880 East Kicklighter Road
6.4 CITY-ST-ZIP	Lake Helen, FL 32744

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FRANK BRADLEY** **2/17/98**

CR2E037 (10/97)