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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90195 047 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005246

1. Corporation Name

SAINT PAUL MISSIONARY BAPTIST CHURCH OF LAKE HELEN, INC.

433716 - 90195 - 47

Principal Place of Business 600 JACKSON STREET LAKE HELEN FL 32744	Mailing Address 600 JACKSON STREET LAKE HELEN FL 32744
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3425300
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOWLER, FLORENCE 822 SOUTH STONE STREET DELAND FL 32720		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, FRANK	1.2 NAME	
STREET ADDRESS	460 STEWARD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, WILLIAM L SR.	2.2 NAME	
STREET ADDRESS	602 WEST EUCLID AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARTINE	3.2 NAME	
STREET ADDRESS	334 WEST OHIO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, ALZADA	4.2 NAME	
STREET ADDRESS	492 JACKSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIFORD, MARY	5.2 NAME	
STREET ADDRESS	686 JACKSON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KENNEDY D.	6.2 NAME	
STREET ADDRESS	880 EAST KICKLIGHTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744	6.4 CITY-ST-ZIP	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Bradley* **REQUIRED** FRANK BRADLEY *4/25/99* 904-252-1144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)