

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005246**

1. Entity 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**



04232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3425300**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOWLER, FLORENCE C  
442 JACKSON STREET  
LAKE HELEN, FL 32744**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CT  
BRADLEY, FRANK T  
460 STEWARD ROAD  
LAKE HELEN, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TS  
BRADLEY, WILLIAM L SR.  
602 WEST EUCLID AVENUE  
DELAND, FL 32720**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
EDWARDS, MARTINE T  
334 WEST OHIO AVE.  
LAKE HELEN, FL 32744**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
FOWLER, ALZADA B  
492 JACKSON ST.  
LAKE HELEN, FL 32744**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
ROBINSON, HELEN  
510 JACKSON STREET  
LAKE HELEN, FL 32744**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SMITH, KENNETH D  
880 EAST KICKLIGHTER ROAD  
LAKE HELEN, FL 32744**

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Florence Fowler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*

Date

Daytime Phone #