

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 14, 2005 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**



07072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3425300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 *Florence Fowler*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/2005
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

U00000372702
07/14/05-80003-009 61.25

**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)(f), 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

7/10/05 (386) 943-5088
Date Daytime Phone #