

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 15 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



09142006 No Chg-NP

CR2E037 (4/06)

**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

*Florence C. Fowler, Clerk*

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

(NOTE: Registered Agent signature required when reinstating)

09/14/06

DATE

**Filing Fee is \$81.25  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



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

000079940800

09/19/06--01018--003 \*\*\$61.25

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	BRADLEY, FRANK T
STREET ADDRESS	460 STEWARD ROAD
CITY-ST-ZIP	LAKE HELEN, FL
TITLE	TS
NAME	BRADLEY, WILLIAM L SR.
STREET ADDRESS	602 WEST EUCLID AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	T
NAME	EDWARDS, MARTINE T
STREET ADDRESS	334 WEST OHIO AVE.
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	T
NAME	FOWLER, ALZADA B
STREET ADDRESS	492 JACKSON ST.
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	T
NAME	ROBINSON, HELEN
STREET ADDRESS	510 JACKSON STREET
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	T
NAME	SMITH, KENNETH D
STREET ADDRESS	880 EAST KICKLIGHTER ROAD
CITY-ST-ZIP	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 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:

*William L. Bradley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/06

Date

(386) 734-2605

Daytime Phone #

9/15  
aw