


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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
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04232008 No Chg-NP CR2E037 (4/06)

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000944767 05/29/08-80113-005 61.25
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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 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* **4/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #