

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005246

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: SAINT PAUL MISSIONARY BAPTIST CHURCH OF LAKE HELEN, INC.

**Current Principal Place of Business:**

600 JACKSON STREET  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

600 JACKSON STREET  
LAKE HELEN, FL 32744

**New Mailing Address:**

FEI Number: 59-3425300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CT      ( ) Delete  
Name: BRADLEY, FRANK T  
Address: 460 STEWARD ROAD  
City-St-Zip: LAKE HELEN, FL

Title: TS      ( ) Delete  
Name: BRADLEY, WILLIAM L SR.  
Address: 602 WEST EUCLID AVENUE  
City-St-Zip: DELAND, FL 32720

Title: T      ( ) Delete  
Name: EDWARDS, MARTINE T  
Address: 334 WEST OHIO AVE.  
City-St-Zip: LAKE HELEN, FL 32744

Title: T      ( ) Delete  
Name: FOWLER, ALZADA B  
Address: 492 JACKSON ST.  
City-St-Zip: LAKE HELEN, FL 32744

Title: T      ( ) Delete  
Name: ROBINSON, HELEN  
Address: 510 JACKSON STREET  
City-St-Zip: LAKE HELEN, FL 32744

Title: T      ( ) Delete  
Name: SMITH, KENNETH D  
Address: 880 EAST KICKLIGHTER ROAD  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH SMITH

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date