2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 19, 2007 8:00 am _ Secretary of State DOCUMENT-# N96000006289 1. Entity Name 02-19-2007 90190 001 ***122.50 ST. PAUL ECONOMIC DEVELOPMENT, INC. Principal Place of Business Mailing Address 3345 N. HAVERHILL ROAD 3345 N. HAVERHILL ROAD WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FÉI Number Applied For 31-1488783 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUR DAVIS JR RUSSELL, JAMES H 3345 N. HAVERHILL ROAD WEST PALM BEACH FL 33417 MIRAMAR 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 (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PASTOR 11111 DP шиг Delele Change Addition RUSSELL, JAMES H NAMU ARTHUR DAVIS, JR. STREET ADORESS 2101 S.W. 106th AUE. 107 LYMAN PLACE STREET LADDRESS CITY ST ZIP WEST PALM BEACH FL 33409 CHY ST 7IP MIRAMAR, FL 33025-1766 DILL ☐ Delete ■ Addition 11111 NAMI: MOSS, CEDRIC NAMI STREET ADDRESS 5066 PRAIRIE DUNES VILLAGE CR STREELADORESS CHY SI-ZIP LAKE WORTH FL 33463 CHY ST ZIP 1011 Delete HITE ☐ Change Addition NAMI STARR, ROLAND NAMI STIGET LADORESS 124 S SEQUOIA DR STREL Í ÁÐUÍR. SS CHY SI ZIE CHY ST ZIP WEST PALM BEACH FL 33409 THEF ☐ Delete HILL ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CHY ST ZIP ши ☐ Delete 11111 Change Addition NAML NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST ZIP HILL ☐ Delete Ititi Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR