


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003399 (9)

1. Corporation Name

SAINT PAUL COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 600 JACKSON ST LAKE HELEN FL 32744	Mailing Address 600 JACKSON ST LAKE HELEN FL 32744
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3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

59-3452900

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MCMILLON, JOHN H
325 SOUTH CAROLINE ST
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMILLON, JOHN H	
STREET ADDRESS	325 S CAROLINE ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRADLEY, WILLIAM L JR	
STREET ADDRESS	602 WEST EUCLID AVE	
CITY-ST-ZIP	DELAND FL 32720	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, KENNETH D	
STREET ADDRESS	880 E KICKLIGHTER RD	
CITY-ST-ZIP	LAKE HELEN FL 32744	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, FRANK	
STREET ADDRESS	460 STEWARD RD	
CITY-ST-ZIP	LAKE HELEN FL 32744	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, MARTINE	
STREET ADDRESS	334 W OHIO AVE	
CITY-ST-ZIP	LAKE HELEN FL 32744	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, ALZEDA	
STREET ADDRESS	492 JACKSON ST	
CITY-ST-ZIP	LAKE HELEN FL 32744	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FOWLER, ALZEDA
6.3 STREET ADDRESS	492 Jackson Street
6.4 CITY-ST-ZIP	Lake Helen, FL 32744

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JOHN H. MCMILLON 2/17/98

CR2E037 (10/97)