

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90019 026 ****70.00

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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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **325 South Caroline St.**

27 Suite, Apt. #, etc.

28 City & State

Daytona Beach, FL

29 Zip **32114** **30** Country **Volusia**

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number
59-3452900

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **McMILLON, JOHN H**
STREET ADDRESS **325 S CAROLINE ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☐ DELETE
NAME **BRADLEY, WILLIAM L JR**
STREET ADDRESS **602 WEST EUCLID AVE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **SD** ☐ DELETE
NAME **SMITH, KENNETH D**
STREET ADDRESS **880 E KICKLIGHTER RD**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **D** ☒ DELETE
NAME **BRADLEY, FRANK**
STREET ADDRESS **460 STEWARD RD**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **D** ☐ DELETE
NAME **EDWARDS, MARTINE**
STREET ADDRESS **334 W OHIO AVE**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **D** ☐ DELETE
NAME **FOWLER, ALZADA**
STREET ADDRESS **492 JACKSON ST**
CITY-ST-ZIP **LAKE HELEN FL 32744**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director

**Cody, Don
237 Church Street
Lake Helen, FL 32744**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. McMillon 4/26/99 (904) 252-114

CR2E037 (1/98)