02261999-90022-025-$61.25-$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90022 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000421

1. Corporation Name
FIRST ST. PAUL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
730 CLARK ST. BALDWIN FL 32234	730 CLARK ST. BALDWIN FL 32234

2. Principal Place of Business	2a. Mailing Address
21 2 ABERNATHY CIRCLE	26 RTE 1, BOX 1160
Suite, Apt. #, etc. 22 COR. H'WY 129 & ABERNATHY	Suite, Apt. #, etc. 27 COR. H'WY 129 & ABERNATHY
City & State 23 SANDERSON, FL.	City & State 28 SANDERSON, FL.
Zip / Country 24 32087 / 25 USA	Zip / Country 29 32087 / 30 USA

3. Date Incorporated or Qualified
01/22/1998

4. FEI Number
59-3495347
☐ 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

BOONE, JOHNNY MCCOY REV.
730 CLARK ST.
BALDWIN FL 32234

10. Name and Address of New Registered Agent

81 Name: BOONE, JOHNNY McCOY REV.
82 Street Address (P.O. Box Number is Not Acceptable): RTE. 1, BOX 1160. 2 ABERNATHY CIR
83: SANDERSON FL. 32087
84 City: SANDERSON, FL. FL 85 Zip Code: 32087

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: BOONE, JOHNNY McCOY REV. (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered agent signature required when reinstating) 05 JAN 99 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT PRESIDENT	☐ DELETE	1.1 TITLE	DPT President	☐ Change ☐ Addition
NAME	BOONE, JOHNNY MCCOY REV		1.2 NAME	Boone, Johnny McCoy Boone, Rev.	
STREET ADDRESS	RT. 1 BOX 1160		1.3 STREET ADDRESS	Rt 1 Box 1160	
CITY-ST-ZIP	SANDERSON FL 32087		1.4 CITY-ST-ZIP	Sanderson, Fl 32087	
TITLE	DTT	☑ DELETE	2.1 TITLE	DTT	☐ Change ☑ Addition
NAME	COOPER, ALVERN		2.2 NAME	PAGE, JUANITA	
STREET ADDRESS	8404 LINCREST DR. WEST		2.3 STREET ADDRESS	458 MARTIN LUTHER KING DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	BALDWIN, FL. 32234 (TRUSTEE)	
TITLE	DVPT	☑ DELETE	3.1 TITLE	DVPT	☐ Change ☑ Addition
NAME	BROWN, STANLEY		3.2 NAME	JONES, FRED	
STREET ADDRESS	730 CLARK ST.		3.3 STREET ADDRESS	680 CLARK ST. (TREASURER)	
CITY-ST-ZIP	BALDWIN FL 32234		3.4 CITY-ST-ZIP	BALDWIN FL. 32234	
TITLE	DST	☑ DELETE	4.1 TITLE	DST	☑ Change ☑ Addition
NAME	SINGLETARY, KENNETH		4.2 NAME	VERNIE JENKINS (VICE PRESIDENT)	
STREET ADDRESS	RT.1 BOX 1160		4.3 STREET ADDRESS	LAKE JEFFERY H'WY	
CITY-ST-ZIP	SANDERSON FL 32087		4.4 CITY-ST-ZIP	LAKE CITY, FL. 32055	
TITLE	DT TRUSTEE/ASS'T TREASURER	☐ DELETE	5.1 TITLE	DT ASST TREASURER + TRUSTEE	☐ Change ☐ Addition
NAME	WADLEY, KEVIN		5.2 NAME		
STREET ADDRESS	10 ABERNATHY ST.		5.3 STREET ADDRESS	Wadley, Kevin	
CITY-ST-ZIP	SANDERSON FL 32087		5.4 CITY-ST-ZIP	10 Abernathy St. Sanderson, Fl 32087	
TITLE		☐ DELETE	6.1 TITLE	JOYCELYN BOONE	☐ Change ☑ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	RTE 1, BOX 1160	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SANDERSON, FL. 32087 (SECRETARY)	

CR2E037 (11/98)

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 REQUIRED JOHNNY McCOY BOONE 05 JAN 98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #