


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 026 ****61.25

DOCUMENT # N99000002908					
1. Entity Name GREATER SAINT PAUL'S MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.					
Principal Place of Business 532 - 33RD ST., SOUTH ST. PETERSBURG, FL 33712			Mailing Address 532 - 33RD ST., SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 14145</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>St. Petersburg, Fl.</i>		4. FEI Number 59-3473468	
Zip	Country	Zip <i>33733</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAINES, MICHAEL 1701 62ND AVENUE S. ST. PETERSBURG, FL 33712				7. Name and Address of New Registered Agent Name <i>Annie R. Morrow</i> Street Address (P.O. Box Number is Not Acceptable) <i>1633 7th St. So.</i> City <i>St. Petersburg, FL</i> Zip Code <i>33701</i>	
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. SIGNATURE <i>Annie R. Morrow</i> DATE <i>5/17/2007</i> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINES, MICHAEL T 1701 62ND AVENUE S. ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, WILLIE J 5300 ALHAMBRA WAY S. ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JAMES 2410 19TH STREET S. ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S. Morrow, Annie R. 1633 7th St. So. St. Petersburg, FL 33701</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Moat, Annie M. 4721 Yarmouth Ave. So. St. Petersburg, FL 33711</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Anthony L. Lee 1700 62nd Place South St. Petersburg, FL 33712</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowers.					
SIGNATURE: <i>Annie R. Morrow</i> DATE <i>5/17/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04302007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable