

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05237

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**5695795282CC**

**Entity Name:** SAINT PAUL MISSIONARY BAPTIST CHURCH OF HOLLY HILL, INC.

**Current Principal Place of Business:**

1125 GRAHAM AVENUE  
HOLLY HILL, FL 32117

**Current Mailing Address:**

1125 GRAHAM AVENUE  
HOLLY HILL, FL 32117 US

**FEI Number: 59-2740250**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MITCHELL, MICHAEL E  
1125 GRAHAM AVE  
HOLLY HILL, FL 32117 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           REV.  
Name           MITCHELL, MICHAEL E JR.  
Address        1125 GRAHAM AVE  
City-State-Zip: HOLLY HILL FL 32117

Title           CFO  
Name           ROGERS, ANGELA  
Address        1125 GRAHAM AVENUE  
City-State-Zip: HOLLY HILL FL 32117

Title           TRUSTEE  
Name           TUCKER, JOANN  
Address        1125 GRAHAM AVENUE  
City-State-Zip: HOLLY HILL FL 32117

Title           DEACON  
Name           CHESTER, ANTHONY  
Address        1125 GRAHAM AVENUE  
City-State-Zip: HOLLY HILL FL 32117

Title           ASSISTANT ACCOUNTANT  
Name           WILLIAMS, JOYCE  
Address        1125 GRAHAM AVENUE  
City-State-Zip: HOLLY HILL FL 32117

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOYCE WILLIAMS**

**ASSISTANT  
ACCOUNTANT**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date