

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005246

**FILED**  
**Jan 18, 2021**  
**Secretary of State**  
**8210113238CC**

**Entity Name:** SAINT PAUL MISSIONARY BAPTIST CHURCH OF LAKE HELEN, INC.

**Current Principal Place of Business:**

600 JACKSON STREET  
LAKE HELEN, FL 32744

**Current Mailing Address:**

600 JACKSON STREET  
LAKE HELEN, FL 32744

**FEI Number: 59-3425300**

**Certificate of Status Desired: No**

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

FOWLER, FLORENCE E  
442 JACKSON STREET  
LAKE HELEN, FL 32744 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:** FLORENCE FOWLER

01/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CT	Title	T
Name	FOWLER, ALZADA	Name	SMITH, KEITH SR
Address	492 JACKSON STREET	Address	840 KICKLIGHTER ROAD
City-State-Zip:	LAKE HELEN FL 32744	City-State-Zip:	LAKE HELEN FL 32744
Title	T	Title	TREASURER
Name	SMITH, KENNETH	Name	FOWLER, FLORENCE
Address	880 WEST KICKLIGHTER ROAD	Address	442 JACKSON STREET
City-State-Zip:	LAKE HELEN FL 32744	City-State-Zip:	LAKE HELEN FL 32744
Title	TRUSTEE		
Name	BRADLEY, EVELYN PITTS		
Address	POST OFFICE BOX 3053		
City-State-Zip:	DELAND FL 32721		

*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:** FLORENCE FOWLER

**TREASURER**

01/18/2021

Electronic Signature of Signing Officer/Director Detail

Date