2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # **760786**

1. Entity Name

THE BOARD OF INCORPORATORS OF ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH, 11TH

Principal Place of Business	Mailing Address
110 S. LAKE ST. LEESBURG FL 34748	110 S. LAKE ST. LEESBURG FL 34748

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2105000 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERRY, LONZIA J 110 S. LAKE ST. LEESBURG FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 (L. J. Berry) L. J. Berry — 04/01/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ☐ Delete PORTER, ARNOLD A 110 S LAKE ST LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000692036 04/13/07-80036-025 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BERRY, L. J 900 MCCORMICK ST. LEESBURG FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BEDFORD, THOMAS 408 JUNE DR LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BROWN, SHARON 1416 GRIFFIN RD #25 LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WARD, MARGARET 401 N MILLS ST LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JOHNSON, JOHN L 1070 TUSKEGEE ST LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: (L. J. Berry) L. J. Berry — 04/01/07 — (352) 787-2896