

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90036 006 \*\*\*\*61.25

**DOCUMENT # 760786**

1. Entity Name

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



Principal Place of Business

110 S. LAKE ST.  
LEESBURG FL 34748

Mailing Address

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

4. FEI Number

59-2105000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

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

*Lonzia J. Berry*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE P  
NAME PORTER, ARNOLD A ☐ Delete  
STREET ADDRESS 110 S LAKE ST  
CITY- ST- ZIP LEESBURG FL 34748

TITLE D  
NAME BERRY, L. J ☐ Delete  
STREET ADDRESS 900 MCCORMICK ST.  
CITY- ST- ZIP LEESBURG FL

TITLE D  
NAME BEDFORD, THOMAS ☐ Delete  
STREET ADDRESS 408 JUNE DR  
CITY- ST- ZIP LEESBURG FL 34748

TITLE D  
NAME BROWN, SHARON ☐ Delete  
STREET ADDRESS 1416 GRIFFIN RD #25  
CITY- ST- ZIP LEESBURG FL 34748

TITLE D  
NAME WARD, MARGARET ☐ Delete  
STREET ADDRESS 401 N MILLS ST  
CITY- ST- ZIP LEESBURG FL 34748

TITLE D  
NAME JOHNSON, JOHN L ☐ Delete  
STREET ADDRESS 1070 TUSKEGEE ST  
CITY- ST- ZIP LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition  
NAME ROLLE Corey  
STREET ADDRESS 12415 Bay Hill Drive  
CITY- ST- ZIP Grand Island, FL 32735

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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*

02/24/08