

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760786

Entity Name: ST. PAUL A M E CHURCH, INC**Current Principal Place of Business:**110 SOUTH LLAKE STREET
LEESBURG, FL 34748**Current Mailing Address:**110 S. LAKE ST.
LEESBURG, FL 34748**FEI Number:** 59-2105000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**III, REID, FRANK M. THE RIGHT REV.
101 EAST UNION
SUITE #301
JACKSONVILLE, FL 32202 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:** III, REID, FRANK M. THE RIGHT REV.

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WATSON, BETTYE
Address	4751 DREXEL AVENUE
City-State-Zip:	ORLANDO FL 32808

Title	TRUSTEE
Name	BEDFORD, THOMAS
Address	408 JUNEDR.
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	WALKER, CARL
Address	2722 CRESTVIEW LOOP
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	BROWN, SHARON
Address	1416 GRIFFIN RD #25
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	SOPHIE, HOLLOWAY
Address	1415 HIGH STREET
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	ELLIS, JACQUELINE
Address	1323 CAMBRIDGE DRIVE
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	SAN NICOLAS, RITA
Address	P. O. BOX
City-State-Zip:	FRUITLAND PARK FL 34731

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: BETTYE J. WATSON

PASTON

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date