

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 031 ****70.00

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|--|--|--|---|
| DOCUMENT # 700579 1. Entity Name HURST CHAPEL A.M.E. CHURCH OF RIVIERA BEACH, FLORIDA, INC. | | | |
| Principal Place of Business PO BOX 9707 RIVIERA BEACH, FL 33404-2050 | | Mailing Address PO BOX 9707 RIVIERA BEACH, FL 33404-2050 | |
| 2. Principal Place of Business 1617 SILVER BEACH RD. Suite, Apt. #, etc. | | 3. Mailing Address P.O. BOX 9707 Suite, Apt. #, etc. | |
| City & State RIVIERA BEACH, FL Zip 33404 Country USA | | City & State RIVIERA BEACH, FL Zip 33419-9707 Country USA | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 07052006 Chg-NP CR2E037 (4/06) | |
| 6. Name and Address of Current Registered Agent MONTGOMERY, THOMAS 1 SE AVENUE E BELLE GLADE, FL 33430 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BESS, CLARENCE 1617 SILVER BEACH RD RIVIERA BEACH, FL 33444 33404 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROZIER, BILLY J. 1357 9TH STREET WEST RIVIERA BEACH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PATTERSON, PAMELA 430 W 35TH ST RIVIERA BEACH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HART, MARY 1457 N. MANGONIA WEST PALM BCH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BURKE, GERALD 618 CLEAR LAKE AVE WEST PALM BCH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BROOKS, CATHERINE 321 WEST 21ST ST RIVIERA BEACH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Billy J. Rozier</i> | | Date 7/6/06 Daytime Phone # 561-845-7579 | |