

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 700579

1. Entity Name
**HURST CHAPEL A.M.E. CHURCH OF RIVIERA
BEACH, FLORIDA, INC.**



Principal Place of Business
**1617 SILVER BEACH RD
RIVIERA BEACH, FL 33404**

Mailing Address
**PO BOX 9707
RIVIERA BEACH, FL 33404-2050**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTGOMERY, THOMAS
1 SE AVENUE E
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000664145
03/22/07-80032-014 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BESS, CLARENCE
1617 SILVER BEACH RD
RIVIERA BEACH, FL 33404**

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
**T
PATTERSON, PAMELA
430 W 35TH ST
RIVIERA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HART, MARY
1457 N. MANGONIA
WEST PALM BCH, FL**

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
**S
BROOKS, CATHERINE
321 WEST 21ST ST
RIVIERA BEACH, FL**

**DO NOT WRITE
IN THIS SPACE**

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: *Catherine G. Brooks* **Catherine G. Brooks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/07

Daytime Phone #

(361) 863-7312