


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State


02-06-2008 90035 042 *****61.25

DOCUMENT # 700579 1. Entity Name HURST CHAPEL A.M.E. CHURCH OF RIVIERA BEACH, FLORIDA, INC.	
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Principal Place of Business 1617 SILVER BEACH RD RIVIERA BEACH, FL 33404	Mailing Address PO BOX 9707 RIVIERA BEACH, FL 33404-2050
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DO NOT WRITE IN THIS SPACE

40010000



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For 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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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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: Mary Hart Mary HART 1/27/08 561-803-6012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #