

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721166

FILED
Jul 05, 2005
Secretary of State

Entity Name: ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

1010 SOUTH PARK AVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P O BOX 901
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 26-4223767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAIR,VIRGIL
1010 S. PARK AVE.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRITTEN, JOSEPH,
Address: 21 WEST 7TH ST.
City-St-Zip: APOPKA, FL

Title: VCD () Delete
Name: BLAIR, VIRGIL,
Address: 1171 SOUTH CLARCONA RD
City-St-Zip: APOPKA, FL

Title: STD () Delete
Name: MOORE, CLIFFORD,
Address: 812 S.LAKE AVE.
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: PITTS, EDWARD,
Address: 1901 S CLARCONA RD
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLIFFORD MOORE

STD

07/05/2005

Electronic Signature of Signing Officer or Director

Date