2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 721166

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

Current Principal Place of Business:

1012 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)**

Name and Address of Current Registered Agent:

MOORE, CLIFFORD
1012 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: SHULER, RALPH
Address: 142 WEST 19TH STREET
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: PITTS, EDWARD
Address: 1901 S. CLARCONA RD
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: BRITTEN, JR. , JOSEPH
Address: 1010 S. PARK AVENUE
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: GILMORE, ELLA J.
Address: P. O. BOX 288
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: BRUNSON, BERNADETTE H.
Address: 3690 YOSEMITE DRIVE
City-St-Zip: ORLANDO, FL 32818

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNADETTE H. BRUNSON ST 04/13/2009

Electronic Signature of Signing Officer or Director — Date