

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724581

1. Entity Name

ST ANDREWS' A.M.E. CHURCH INC.

Principal Place of Business

P.O. BOX 812  
PALMETTO FL 34221

Mailing Address

P.O. BOX 812  
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2484435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, OTIS  
3112 9TH AVENUE DRIVE EAST  
PALMETTO FL 34221

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD  
NAME KELLY GOVAN JR.  
STREET ADDRESS 3112 8TH AVE., EAST  
CITY-ST-ZIP PALMETTO FL ☒ Delete

TITLE CD  
NAME Clytha Mae Cromartie  
STREET ADDRESS 1503 16th St E.  
CITY-ST-ZIP Bradenton, Fl. 34218 ☐ Change ☒ Addition

TITLE VCD  
NAME CLYTHA MAE CROMARTIE  
STREET ADDRESS 203 - 17TH STREET WEST  
CITY-ST-ZIP PALMETTO FL ☒ Delete

TITLE VCD  
NAME Reva Cooper  
STREET ADDRESS P.O. Box 442  
CITY-ST-ZIP Palmetto, Fl. 34221 ☐ Change ☒ Addition

TITLE SD  
NAME JOHNSON, JAYNEE  
STREET ADDRESS 208 - 27TH STREET EAST  
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE SD  
NAME Johnson, Jaynell ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Jaynell Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90113 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)