2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # 724581** 1. Entity Name 04-21-2004 90048 002 ****61.50 ST ANDREWS' A.M.E. CHURCH INC. Principal Place of Business Mailing Address P.O. BOX 812 PALMETTO FL 34221 P.O. BOX 812 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2484435 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLY, OTIS 3112 9TH AVENUE DRIVE EAST Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 City 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. 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P/D Rev. Educard G. Bellow Change 5658 Louis XIV Court, At # 0 Delete MACCROMARTIE, CLYTHA NAMÉ 1503 16TH STREET E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** Tampa, FL 33614 CITY-ST-ZIP CITY-ST-7IP **Addition** Delete TITLE COOPER, REVA NAME NAME ERNEST BALKMAN 1505 2ND AVE. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP 1015#ST. WEST PAI FLA 34221 TITLE ~ TITLE 🙎 Delete JOHNSON, JAYNELL NAME NAME Reva Couper 208 - 27TH STREET EAST STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME Johnson STREET ADDRESS STREET ADDRESS 272 Street, East CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Dev 6

NAME

STREET ADDRESS

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 941-76

FILED