

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 724581

FILED
Oct 07, 2005
Secretary of State

Entity Name: ST ANDREWS' A.M.E. CHURCH INC.

Current Principal Place of Business:

P.O. BOX 812
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 812
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-2484435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

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

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: OTIS KELLY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLAY, EDWARD G REV
Address: 5658 LOUIS XIV COURT, APT #B
City-St-Zip: TAMPA, FL 33614

Title: DS () Delete
Name: COOPER, REVA
Address: 1505 2ND AVE.
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: JOHNSON, JAYNELL
Address: 208 - 27TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: VPD () Delete
Name: BALKMAN, ERNEST
Address: 2101 5TH ST WEST
City-St-Zip: PALMETTO, FL 34221

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: OTIS KELLY

PD

10/07/2005

Electronic Signature of Signing Officer or Director

Date