2006 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT (AR)

Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # 724581** 04-11-2006 90113 021 ****61.25 1. Entity Name ST ANDREWS' A.M.E. CHURCH INC. Principal Place of Business Mailing Address P.O. BOX 812 P.O. BOX 812 PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2484435 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, OTIS Street Address (P.O. Box Number is Not Acceptable) 3112 9TH AVENUE DRIVE EAST 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. 3-26-06 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE Change ☐ Addition BELLAY, EDWARD G REV Mc Kinney, Benjamin W. NAME NAME 5658 LOUIS XIV COURT, APT #B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP DS ☐ Delete TITLE ☐ Addition COOPER, REVA NAME NAME 1505 2ND AVE. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE FIFLE Change Addition JOHNSON, JAYNELL NAME STREET ADDRESS 208 - 27TH STREET EAST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CETY-ST-ZIP Palmetto, FL 34221 VPD **⊠** Delete TITLE TITLE ☐ Change Addition BALKMAN, ERNEST NAME NAME STREET ADDRESS 2101 5TH ST WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE

3-26-06

FILED