

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-10-2003 90207 027 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
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

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

7. Name and Address of New Registered Agent

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. 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 reappointing)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	MACCROMARTIE, CLYTHA	
STREET ADDRESS	1503 16TH STREET E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	COOPER, REVA	
STREET ADDRESS	P O BOX 553	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, JAYNE	
STREET ADDRESS	208--27TH STREET EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO / Pastor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Dr. E. G. Bellamy, Jr.	
STREET ADDRESS	5658 Lewis XII County Apt #8	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clytha Mae Cromatie T	
STREET ADDRESS	1503 16th St. E.	
CITY-ST-ZIP	Bradenton FL 34208	
TITLE	REVA J. Cooper	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVA J. Cooper	
STREET ADDRESS	1505 2nd Avenue	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janiell Johnson	
STREET ADDRESS	208--27th St. E.	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rev. Dr. E. G. Bellamy, Jr.

Date

Daytime Phone #

1/5/03 813/877-9180

CR2E037 (10/02)