

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726630

FILED  
Apr 18, 2009  
Secretary of State

**Entity Name:** ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH

**Current Principal Place of Business:**

85 ML KING JR. AVE  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4108  
ST. AUGUSTINE, FL 320854108 US

**New Mailing Address:**

**FEI Number:** 59-2549031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAWLS, RONALD JR.  
8007 SW 57ND LN  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAWLS, RONALD JR.  
Address: 8007 SW 52ND LN.  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: BRYANT, JACQUELINE  
Address: 904 CHIPPEWA ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: MANNING, ALBERT  
Address: 883 W 6TH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: JD ( ) Delete  
Name: JOHNSON, JOANN  
Address: 605 PARKER COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: CHASE, ARNETT C  
Address: 817 W 2ND ST  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: STEVENSON, BEN  
Address: 855 COLLIER BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**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 exemption stated in Chapter 119, 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: RONALD RAWLS, JR.

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date