2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 (ATTN: ALMA MELVIN)
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
Name: RAWLS, RONALD JR.
Address: 8007 SW 52ND LN.
City-St-Zip: GAINESVILLE, FL 32608

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOANN JOHNSON MRS. 01/05/2011
Electronic Signature of Signing Officer or Director Date