

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731907

FILED
Apr 05, 2005
Secretary of State

Entity Name: ST. STEPHEN'S AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

913 WEST 5TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

913 WEST 5TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-6502539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, NATHANIEL JR.
9650 CARBONDALE DRIVE EAST
JACKSONVILLE, FL 32208 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: PD () Delete
Name: MITCHELL, MICHAEL L
Address: 12558 MISSION HILL CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: HILL, CHARLENE
Address: 2775 GREEN BAY LANE
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: PETERSON, ELRESE
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HILL, CHARLENE
Address: 2775 GREEN BAY LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD (X) Change () Addition
Name: PETERSON, ELRESE
Address: 2100 FOREST HILLS RD
City-St-Zip: JACKSONVILLE, FL 32208

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: MICHAEL L. MITCHELL

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date