

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731907

**FILED**  
**Sep 07, 2011**  
**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  
**Name:** MITCHELL, MICHAEL L  
**Address:** 12558 MISSION HILL CIRCLE SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** SD  
**Name:** HILL, CHARLENE  
**Address:** 2775 GREEN BAY LANE  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** TD  
**Name:** PETERSON, ELRESE  
**Address:** 2100 FOREST HILLS RD  
**City-St-Zip:** JACKSONVILLE, FL 32208

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:** MICHAEL L. MITCHELL

PD

09/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date