## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #760551** 

## **FILED** Jun 20, 2005 8:00 am Secretary of State 06-20-2005 90003 008 \*\*\*\*70.00

1. Entity Name ST. STEPHENS A.M.E. CHURCH OF CAROL CITY, FLORIDA, INC.									
Principal Place of Business Mailing Address 3400 N.W. 215TH STREET 3400 N.W. 215TH STREET MIAMI GARDENS, FL 33056 CAROL CITY, FL 33056-1062									
2. Principal Pl	ace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0516	2005 Ch	g-NP CR2E	037 (10/03)		
City & State		City & State			Number 5-037420	0	<del></del>	plied For Applicable	
Zip	Country	Zíp	Country	5. Ce	rtiticate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Na	me and Addr	ess of New Registered	Agent		
GIVINS, JAMES C				Name Rev. Dr. Leeomia W. Kelly					
- 3400 NW 215 ST (CHURCH) CAROL CITY, FL 33056			Street Add	Street Address (P.O. Box Number is Not Acceptable) 2400 NW 215th Street					
			City	Miami Ge	ardens,	Florida	3305 Zip Code		
- FLI 111111									
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  Signeyre, ryped or paried name of registered agent and size it applicable. (NOTE/Proposered Agent signature required when remastering)  DATE									
			Campaign Financing d Contribution.		May Be to Fees	Make che Florido Depa	ck payable te artment of Si		
10.	OFFICERS AND DI		11.	ADDITIO	NS/CHANGE	S TO OFFICERS AND C			
TITLE NAME	T '- SMITH, LUCILLE	☐ Delicte	TIFLE				☐ Change	☐ Addition	
STREET ADDRESS	3500 N W 211TH ST	:	STREET ADDRESS						
CATY-ST-ZIP	CAROL CITY, FL 33056		CITY-\$1-21P						
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PD GIVINS, JAMES C 3400 N.W. 215 ST. CAROL CITY, FL 33056	<b>ad</b> Deleta ∴	NAME E STREET ADDRESS 3	7D CELLY, LEI 3400 N.W. TLAMI GARI	215th ST		Led Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, BETTY 9331 DUNHILL DR MIRAMAR, FL	Dolete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, GLADYS 1733 NW 154TH STREET OPA LOCKA, FL 33054	→ Delete	NAME STREET ADDRESS CITY-ST-70P		-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delate	NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME SIREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 if 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:  Learning American Statutes are supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated as if made under oath; that if 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.									