

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 004 ****70.00

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DOCUMENT # 760551 1. Entity Name ST. STEPHENS A.M.E. CHURCH OF CAROL CITY, FLORIDA, INC.					
Principal Place of Business 3400 N.W. 215TH STREET MIAMI GARDENS, FL 33056				Mailing Address 3400 N.W. 215TH STREET CAROL CITY, FL 33056-1062	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3400 N.W. 215th Street Suite, Apt. #, etc.			
City & State		City & State Miami Gardens, FL			
Zip	Country	Zip 33056	Country U.S.A.	4. FEI Number 05-0374200	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOLLY, LEEONIA W REV 3400 NW 215 ST CAROL CITY, FL 33056			7. Name and Address of New Registered Agent Name Charles L. Scott, Sr., Pastor Street Address (P.O. Box Number is Not Acceptable) 3400 N.W. 215th Street City Miami Gardens, FL Zip Code 33056		
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 Charles L. Scott 7-23-06 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LUCILLE ☐ Delete 3500 N W 211TH ST CAROL CITY, FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition Ward, Shirley 1761 S.W. 85th Ave. Miramar, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEOMIA, KELLY W ☐ Delete 3400 N.W. 215 ST. CAROL CITY, FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition Scott, Charles L. 3400 N.W. 215th St. Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, BETTY ☐ Delete 9331 DUNHILL DR MIRAMAR, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition Johnson, Betty 3336 S.W. 173rd Way Miramar, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, GLADYS ☐ Delete 1733 NW 154TH STREET OPA LOCKA, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition Henry, Rosa 3330 N.W. 21th St. Miami Gardens, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Charles L. Scott 7-23-06 (305) 624-1663 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					