


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90196 015 \*\*\*\*70.00

<b>DOCUMENT # 760551</b>	
1. Entity Name <b>ST. STEPHENS A.M.E. CHURCH OF CAROL CITY, FLORID A, INC.</b>	

Principal Place of Business <b>3400 N.W. 215TH STREET CAROL CITY FL 33056-1062</b>	Mailing Address <b>3400 N.W. 215TH STREET CAROL CITY FL 33056-1062</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>05-0374200</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent
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<b>GIVINS, JAMES C 3400 NW 215 ST (CHURCH) CAROL CITY FL 33056</b>
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: *James C. Givins* DATE: *2/9/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> ✓	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS
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T NAME STREET ADDRESS CITY-ST-ZIP	<b>SMITH, LUCILLE 3500 N W 211TH ST CAROL CITY FL 33056</b>	<input type="checkbox"/> Delete
PD NAME STREET ADDRESS CITY-ST-ZIP	<b>GIVINS, JAMES C 3400 N.W. 215 ST. CAROL CITY FL 33056</b>	<input type="checkbox"/> Delete
SD NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHNSON, BETTY 9331 DUNHILL DR MIRAMAR FL</b>	<input type="checkbox"/> Delete
VD NAME STREET ADDRESS CITY-ST-ZIP	<b>DEWITT, JAMES 3260 ENSENADA WAY MIRAMAR FL 33025</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD White, Gladys 1733 N.W. 154th St. Opa Locka, FL 33054</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: \* *James C. Givins* DATE: *2/9/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)