


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91279 006 ****70.00

DOCUMENT # 764017	
Entity Name ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF DELRAY BEACH, FLORIDA, INC.	

Principal Place of Business 119 NW 5TH AVENUE PO BOX 1689 DELRAY BEACH FL 33447 US	Mailing Address 1145 S.W. 25TH AVENUE BOYNTON BEACH FL 33426
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0290232	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARRINGTON, ERNESTINE A 1145 S.W. 25 AVENUE BOYNTON BEACH FL 33426		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 *Ernestine A. Arrington* **Ernestine A. Arrington** **4-17-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	P MC GAJEE, JR., LEROY 119 N.W. 5TH AVE. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Milton Broomfield 119 N. W. 5th. Ave. Delray Beach, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, PRESTON 330 DAVIS RD. DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Condry 3512 Diane Drive Boynton Beach, FL. 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, WILBERT K 10341 W. TARA BKVD, BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Helen F. Condry 3512 Diane Drive Boynton Beach, FL. 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, ERNESTINE A 1145 S.W. 25 AVENUE BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, GWENDOLYN 342 N.W. 3RD AVE. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, NADINE 205 N.W. 2ND STREET DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernestine A. Arrington* **Ernestine A. Arrington** **4-17-04** **(561)736-3825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Attachment

54042701

DOCUMENT # 764017

1. Entity Name

PAUL AFRICAN METHODIST EPISCOPAL CHURCH
DELRAY BEACH, FLORIDA, INC.



Principal Place of Business

119 NW 5TH AVENUE
PO BOX 1689
DELRAY BEACH FL 33447
US

Mailing Address

1145 S.W. 25TH AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

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Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

65-0290232

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRINGTON, ERNESTINE A
1145 S.W. 25 AVENUE
BOYNTON BEACH FL 33426

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

Ernestine A. Arrington

Ernestine A. Arrington

4-17-04

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SIGNATURE: *Ernestine A. Arrington*

Ernestine A. Arrington 4-17-04

(561)736-3825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #