

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 018 ****61.25

DOCUMENT # 764017

1. Entity Name

**ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH
OF DELRAY BEACH, FLORIDA, INC.**



Principal Place of Business

119 NW 5TH AVENUE

Delray Beach, FL. 33444-2652

Mailing Address

119 NW 5th Ave

Delray Beach FL. 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0290232

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

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

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, Trustee

3-2-2005

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BROOMFIELD, MILTON | |
| STREET ADDRESS | 119 N.W. 5TH AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CONDY, WILLIAM | |
| STREET ADDRESS | 3512 DIANE DRIVE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CONDY, HELEN F | |
| STREET ADDRESS | 3512 DIANE DRIVE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARRINGTON, ERNESTINE A | |
| STREET ADDRESS | 1145 S.W. 25 AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GREEN, GWENDOLYN | |
| STREET ADDRESS | 342 N.W. 3RD AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HART, NADINE | |
| STREET ADDRESS | 205 N.W. 2ND STREET | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William K. Brown | |
| STREET ADDRESS | 10341 West Tara Blvd. | |
| CITY-ST-ZIP | Boynton Beach, FL. 33437 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Ernestine A. Arrington* **Ernestine A. Arrington** **3-2-05** **561-736-3825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #