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

FILED
Aug 02, 2006 8:00 am
Secretary of State
08-02-2006 90003 047 ****70.00

DOCUMENT # 764017

1. Entity Name
ST PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF DELRAY BEACH, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

20051403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
119 NW 5th AVENUE	119 NW 5th. AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DELRAY BEACH, FLORIDA	DELRAY BEACH, FLORIDA
Zip 33444-2652 Country U S A	Zip 33444-2652 Country U S A

4. FEI Number 65-0290232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Arrington A. Ernestine

Street Address (P.O. Box Number is Not Acceptable):
1145 SW 25 AVENUE

City: BOYNTON BEACH, FL Zip Code: 33426

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 7-28-2006
(Signature, typed or printed name of registered agent and date. If applicable) (NOTE: Signature Required) DATE

FEE IS $61.25 Initial or Amended UBR	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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DIXON T. WAYMON	119 NW 5TH Ave.	DELRAY BCH. FL. 33444
V	ARRINGTON A. ERNESTINE	1145 SW 25 AVE.	BOYNTON BCH, FL 33426
T	BROWN K. WILLIAM	10341 W. TARA BLVD.	BOYNTON BCH. FL. 33437
S	PARKER LILLIE	730 EAST CHATELAINE BLVD.	DELRAY BCH. FL. 33445
D	NORRIS C. VIRGIL	104 SW 11TH AVE.	DELRAY BCH. FL. 33444
D	CONDRY F, HELEN	3512 DIANE DRIVE	BOYNTON BCH. FL. 33435

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not include any information described 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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernestine A. Arrington ERNESTINE A. ARRINGTON 7-28-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PH. (561) 736-3825
Area Code & Daytime Phone Number