DOES NOT FOR PROFIT INCORPORATION

ANNUAL REPORT

DOCUMENT # 766132

1. Entity Name
ST. JOHN A.M.E. CHURCH, INC.

FILED
Feb 07, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
ST. JOHN A.M.E. CHURCH SOUTH MIAMI, FL 33143 US	6461 S.W. 59TH PLACE SOUTH MIAMI, FL 33143 US

02012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0316864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAY, GREGORY V REV.
6461 S.W. 59TH PLACE
SOUTH MIAMI, FL 33143

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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 _____
Signature, type 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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAY, GREGORY V REV.,SR
STREET ADDRESS	6461 SW 59TH PLACE
CITY-ST-ZIP	S. MIAMI, FL
TITLE	V
NAME	ROSA LEE MCGRIFF
STREET ADDRESS	6461 SW 59 PL.
CITY-ST-ZIP	S. MIAMI, FL
TITLE	TR
NAME	FLORENCE BROWN
STREET ADDRESS	6461 SW 59TH PLACE
CITY-ST-ZIP	S. MIAMI, FL
TITLE	TR
NAME	LEE PERRY
STREET ADDRESS	6461 SW 59TH PLACE
CITY-ST-ZIP	S. MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80008-012 61.25

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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: Pastor 2-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #