

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90450 001 ***122.50

DOCUMENT # 766132

1. Entity Name

ST. JOHN A.M.E. CHURCH, INC.



Principal Place of Business

**C/O REV WILLIAM J GREEN
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143
US**

Mailing Address

**REV. WILLIAM GREEN, JR.
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143
US**

2. Principal Place of Business

St. John A.M.E Church

3. Mailing Address

6461 SW 59th PLACE

Suite, Apt. #, etc.

90 Rev John Williams

Suite, Apt. #, etc.

90 Rev John Williams

City & State

S. MIAMI, FLA

City & State

S. MIAMI, FLA

Zip

33143

Country

US

Zip

33143

Country

US



☒ CHECK HERE IF MAKING CHANGES

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

**WILLIAMS, JOHN WESLEY JR REV
6461 S.W. 59TH PLACE
SOUTH MIAMI FL 33143**

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

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

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 **PD** ☐ Delete
NAME **WILLIAMS, JOHN WESLEY JR REV**
STREET ADDRESS **6461 SW 59TH PLACE**
CITY-ST-ZIP **S. MIAMI FL**

TITLE **V** ☐ Delete
NAME **ROSA LEE MCGRUFF**
STREET ADDRESS **6461 SW 59 PL.**
CITY-ST-ZIP **S. MIAMI FL**

TITLE **TR** ☐ Delete
NAME **FLORENCE BROWN**
STREET ADDRESS **6461 SW 59TH PLACE**
CITY-ST-ZIP **S. MIAMI FL**

TITLE **TR** ☐ Delete
NAME **LEE PERRY**
STREET ADDRESS **6461 SW 59TH PLACE**
CITY-ST-ZIP **S. MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 305-665-1191

CR2E037 (10/02)