2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 766612

1. Entity Name
STEWART ISOM MEMORIAL C.M.E. CHURCH, INC.

Principal Place of Business	Mailing Address
1820 WALTON ST.SOUTH ST. PETERSBURG, FL 33712-3046	1820 WALTON ST.SOUTH ST. PETERSBURG, FL 33712-3046

02152005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1944804
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, ANTHONY
5045 SUNRISE DRIVE, SOUTH
ST PETERSBURG, FL 33705

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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: Anthony Robinson Sr 3.1.05
Signature, typed 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	SBCD
NAME	DEMPS, EARLINE M
STREET ADDRESS	831 JASMINE WAY SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	T
NAME	JONES, HARRY J
STREET ADDRESS	1700 26TH ST SO
CITY-ST-ZIP	ST PETE, FL
TITLE	T
NAME	WOODWARD, EUNICE
STREET ADDRESS	1630 15TH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80036-012 70.00

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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: Earline McDemps Gilbert 3.1.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #