

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767476

FILED
Aug 10, 2007
Secretary of State

Entity Name: SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

6910 NEW KINGS ROAD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6910 NEW KINGS ROAD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-1701342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZANDERS, MARVIN C II, REV
6910 NEW RINGS ROAD
ST PAUL AME CHIRCH
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ZANDERS, MARVIN C II
Address: 1748 EAGLE WATCH DR
City-St-Zip: ORANGE PARK, FL 32003

Title: VD () Delete
Name: WILLIAMS, JAMES L.,
Address: 1840 FRANCIS STREET
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: PEARSON, MARIA A
Address: 1611 TYLER STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: JOHNSON, JIMMIE
Address: 6910 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: ATKINSON, CHRISTINE G
Address: 6910 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN C. ZANDERS

CD

08/10/2007

Electronic Signature of Signing Officer or Director

_____ Date