

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767476

FILED  
May 23, 2011  
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 ( )

**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  
Name: ZANDERS, MARVIN C II  
Address: 4003 EAGLE LANDING  
City-St-Zip: ORANGE PARK, FL 32065

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

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

Title: D  
Name: JOHNSON, JIMMIE  
Address: 6910 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD  
Name: ATKINSON, CHRISTINE G  
Address: 6910 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: MARVIN C. ZANDERS

CHAI

05/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date