

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002871

FILED
Jun 20, 2007
Secretary of State

Entity Name: ST PAUL A. M. E. ZION CHURCH, INCORPORATED

Current Principal Place of Business:

700 MUSCOGEE RD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

700 MUSCOGEE RD
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-1701839 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

STANTON, CHARLES
3360 N HWY 29
CANTONMENT, FL 32533 US

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: DC () Delete
Name: WHITE, RAY S
Address: 395 NORTH T ST
City-St-Zip: PENSACOLA, FL 32050

Title: DVC () Delete
Name: STANTON, CHARLES
Address: 3360 N HWY 29
City-St-Zip: CANTONMENT, FL 32533

Title: DS () Delete
Name: TERRELL, SOPHIA B
Address: 1135 GERMAIN ST
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: DONALD, GLORIA T
Address: 2262 WELCOME CIRCLE
City-St-Zip: CANTONMENT, FL 32533

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:

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: RAY S. WHITE

DC

06/20/2007

Electronic Signature of Signing Officer or Director

Date