

2002 UNIFORM BUSINESS REPORT (UBR)

7/9

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-09-2002 90019 046 ****61.25

DOCUMENT # N01000006988

1. Entity Name

SAINT PAUL A.M.E. LEARNING CENTER, INC.

Principal Place of Business

1748 EAGLE WATCH DRIVE
 ORANGE PARK FL 32003

Mailing Address

1748 EAGLE WATCH DRIVE
 ORANGE PARK FL 32003

2. Principal Place of Business

6910 New Kings Road

3. Mailing Address

6910 New Kings Rd

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32219

Country

USA

Zip

32219

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANDERS, MARVIN C II
 1748 EAGLE WATCH DRIVE
 ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Marvin C. Zanders Jr
 Street Address (P.O. Box Number is Not Acceptable)
 6910 New Kings Road

Jacksonville

FL

Zip Code 32219

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZANDERS, MARVIN C	
STREET ADDRESS	1748 EAGLE WATCH DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZANDERS, WINIFRED H	
STREET ADDRESS	1748 EAGLE WATCH DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, J L	
STREET ADDRESS	1840 FRANCIS STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 duties like empowered.

SIGNATURE: *Marvin C. Zanders Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 2 2002 (Sep) 768-2222
 Date Daytime Phone

CR2037 (9/01)