

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90091 002 ****70.00

DOCUMENT # **N02000004644**

1. Entity Name

**THE GREATER SAINT PAUL A.M.E. COMMUNITY DEVELOPM
ENT CORPORATION**



Principal Place of Business

**3680 THOMAS AVENUE
MIAMI FL 33133**

Mailing Address

**3680 THOMAS AVENUE
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-002 0882

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**YOUNG, ROBERT A
3680 THOMAS AVENUE
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Rev. Benjamin W. McKinney**
Street Address (P.O. Box Number is Not Acceptable)
3680 Thomas Avenue
Miami, FL 33133
City **FL** Zip Code

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

Rev. Benjamin W. McKinney

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 21, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MCKINNEY, BENJAMIN**
STREET ADDRESS **3680 THOMAS AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **Director** ☐ Change ☒ Addition
NAME **Shawn Welch**
STREET ADDRESS **6401 S.W. 59 Ave**
CITY-ST-ZIP **Miami, FL 33143**

TITLE **VD** ☐ Delete
NAME **SMITH, JUANITA**
STREET ADDRESS **3510 FROW AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DARLING, JAMES**
STREET ADDRESS **14540 FILLMORE STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

Juanita Smith

March 21, 2003

**305-448-2742
305-448-6177**

CR2E037 (10/02)