


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 13 PH 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000127					
1. Entity Name GREATER PAYNE AFRICAN METHODIST EPISCOPAL CHURCH, INC.					
Principal Place of Business 1230 E 23RD STREET JACKSONVILLE, FL 32206			Mailing Address 1230 EAST 23RD STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business 1230 CLAUDIA SPENCER ST		3. Mailing Address 1230 CLAUDIA SPENCER ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent HARTSFIELD, GEORGE G 1230 EAST 23RD STREET JACKSONVILLE, FL 32206				7. Name and Address of New Registered Agent Name: Donald Dempsey II Esq. Street Address (P.O. Box Number is Not Acceptable): 5324 Roosevelt Blvd Jacksonville, Florida 32210 City: " " FL Zip Code: 32210	
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: <u>Donald L. Dempsey, II</u> DATE: <u>7-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP	NAME HARTSFIELD, GEORGE G		TITLE DP	NAME III PARKER, Elvin J.	
STREET ADDRESS 1230 EAST 23RD STREET	CITY-ST-ZIP JACKSONVILLE, FL 32206		STREET ADDRESS 1230 CLAUDIA SPENCER STREET	CITY-ST-ZIP JACKSONVILLE, FL 32206	
TITLE D	NAME BRUCE, HELEN		TITLE D	NAME CUSHION, SHERRY	
STREET ADDRESS 2059 CARL RD	CITY-ST-ZIP JACKSONVILLE, FL 32209		STREET ADDRESS 3016 RHONE CT	CITY-ST-ZIP JACKSONVILLE, FL 32208	
TITLE D	NAME DEMPSEY, ANITA		TITLE D	NAME EDWARDS, MICHAEL	
STREET ADDRESS 761 CHESTNUT OAK DR	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 4537 CAPE SABLE CT	CITY-ST-ZIP JACKSONVILLE, FL 32211	
TITLE D	NAME HAMILTON, LAURA		TITLE D	NAME HAMILTON, LAURA	
STREET ADDRESS 5306 ARLINGTON RD	CITY-ST-ZIP JACKSONVILLE, FL 32211		STREET ADDRESS 5306 ARLINGTON RD	CITY-ST-ZIP JACKSONVILLE, FL 32211	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>A. Zouj. P. [Signature]</u>			07/06/2006 904.355.6015		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		