

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000127

FILED  
Aug 14, 2007  
Secretary of State

**Entity Name:** GREATER PAYNE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

1230 CLAUDIA SPENCER ST.  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1230 CLAUDIA SPENCER ST.  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 59-3381379      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

DUMPSEY, DONALD II, ESQ.  
4321 ROOSEVELT BLVD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

DEMPSEY, DONALD II, ESQ.  
4321 ROOSEVELT BLVD  
JACKSONVILLE, FL 32210 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: DONALD DEMPSEY II, ESQ

08/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PARKER, ELVIN J  
Address: 1230 CLAUDIA SPENCER ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: BRUCE, HELEN  
Address: 2059 CARL RD  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D ( ) Delete  
Name: CUSHION, SHERRY  
Address: 3016 RHONE CT  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete  
Name: DEMPSEY, ANITA  
Address: 761 CHESTNUT OAK DR  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete  
Name: EDWARDS, MICHAEL  
Address: 4537 CAPE SABLE CT  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete  
Name: HAMILTON, LAURA  
Address: 5306 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32211 US

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HAMILTON, LAURA  
Address: 5306 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32211 US

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: ELVIN J PARKER

DP

08/14/2007

Electronic Signature of Signing Officer or Director

Date