

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90016 011 \*\*\*\*70.00

<b>DOCUMENT # N05000005121</b>					
<b>1. Entity Name</b> ST. PAUL A.M.E. COMMUNITY DEVELOPMENT CORPORATION OF DELRAY BEACH, FLORIDA, INC.					
<b>Principal Place of Business</b> 119 NW 5TH AVE DELRAY BCH, FL 33444			<b>Mailing Address</b> 119 NW 5TH AVE DELRAY BCH, FL 33444		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ELLINGTON, CLARENCE S JR. 8597 WINDY CIR BOYNTON BCH, FL 33437			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE:  DATE:					
(NOTE: Registered Agent signature required when re-registering)					
<b>Filing Fee \$ \$61.25</b> <b>Due by September 8, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS/AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP DIXON, WAYMON 119 NW 5TH AVE DELRAY BCH, FL 33444	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV BROWN, ERROL 9841 SAVANNAH ESTATE DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DT ELLINGTON, CLARENCE S JR. 8597 WINDY CIR BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS HART, NADINE 205 NW 2ND ST DELRAY BCH, FL 33444	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DM MONCRIEF, LAWRENCE 9425 PEABODY CT BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DM POWELL, CLIFF 9425 CORAL WAY DELRAY BCH, FL 33444	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: July 24, 2006 Daytime Phone #					