

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005121

FILED  
Aug 03, 2009  
Secretary of State

**Entity Name:** ST. PAUL A.M.E. COMMUNITY DEVELOPMENT CORPORATION OF DELRAY BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

119 NW 5TH AVE  
DELRAY BCH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

119 NW 5TH AVE  
DELRAY BCH, FL 33444

**New Mailing Address:**

**FEI Number:** 81-0669141      **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:**

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

ELLINGTON, CLARENCE S JR.  
8597 WINDY CIR  
BOYNTON BCH, FL 33437      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DIXON, WAYMON  
Address: 119 NW 5TH AVE  
City-St-Zip: DELRAY BCH, FL 33444

Title: DV      ( ) Delete  
Name: BROWN, ERROL  
Address: 9841 SAVANNAH ESTATE DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: DT      ( ) Delete  
Name: ELLINGTON, CLARENCE S JR.  
Address: 8597 WINDY CIR  
City-St-Zip: BOYNTON BCH, FL 33437

Title: DS      ( ) Delete  
Name: HART, NADINE  
Address: 205 NW 2ND ST  
City-St-Zip: DELRAY BCH, FL 33444

Title: DM      ( ) Delete  
Name: MONCRIEF, LAWRENCE  
Address: 9425 PEABODY CT  
City-St-Zip: BOCA RATON, FL 33496

Title: DM      ( ) Delete  
Name: POWELL, CLIFF  
Address: 9425 CORAL WAY  
City-St-Zip: DELRAY BCH, FL 33444

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

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: CLARENCE S. ELLINGTON, JR.

DT

08/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date