

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000005961

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ST JOHN AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

595 NW 24 AVE.  
POMPANO BEACH, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

595 NW 24 AVE.  
POMPANO BEACH, FL 33066

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDY, GEORGE  
595 NW 24 AVE.  
POMPANO BEACH, FL 33066 US

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

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: GEORGE HARDY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GLOVER, VERNELL W.  
Address: 3200 NW 5 TER., UNIT 36  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DV  
Name: BOYD, WADRINE  
Address: 2532 NW 4 CT.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DS  
Name: HARDY, MARY  
Address: 2829 SW 5TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: MARY HARDY

DS

02/16/2011

Electronic Signature of Signing Officer or Director

Date