

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011152

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAINT LUKE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

4401 GARDEN AVE.
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

4401 GARDEN AVE.
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 45-0577220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, RHEBA B PASTOR
338 EAST ILEX DR
LAKE PARK, FL 33403 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JOHNSON, RHEBA B PASTOR
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VP () Delete
Name: WILSON, CHARLIE SR.,
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: SEC () Delete
Name: JAMES, TAMMY
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: TREA () Delete
Name: WILSON, MARGARET
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: WILSON, ANNA
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 US

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

Title: MEM () Change (X) Addition
Name: BARNES, JACQUELYN
Address: 4401 GARDEN AVE.
City-St-Zip: WEST PALM BEACH, FL 33405 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: REV. RHEBA B. JOHNSON

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date