

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N09677**

**1. Entity Name**  
SAINT STEPHEN AFRICAN METHODIST EPISCOPAL  
CHURCH, LEESBURG, FL, INC.



**Principal Place of Business**  
302 S. CHURCH STREET  
LEESBURG, FL 34748

**Mailing Address**  
302 S. CHURCH STREET  
LEESBURG, FL 34748



03122006 No Chg-NP CR2E037 (11/05)

**4. FEI Number**  
NOT APPLICABLE

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BLOUNT, JAMES T  
302 CHURCH ST  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	BLOUNT, JAMES T
<b>STREET ADDRESS</b>	302 CHURCH ST
<b>CITY-ST-ZIP</b>	LEESBURG, FL
<b>TITLE</b>	D
<b>NAME</b>	SNOW, RAY L
<b>STREET ADDRESS</b>	2026 PRUITT ST
<b>CITY-ST-ZIP</b>	LEESBURG, FL
<b>TITLE</b>	D
<b>NAME</b>	EDWARDS, HARRIE P
<b>STREET ADDRESS</b>	7516 SUNNYSIDE DRIVE
<b>CITY-ST-ZIP</b>	LEESBURG, FL 34748
<b>TITLE</b>	D
<b>NAME</b>	BOSTON, EDDIE
<b>STREET ADDRESS</b>	38100 WATER OAK DRIVE
<b>CITY-ST-ZIP</b>	FRUITLAND PARK, FL 34731
<b>TITLE</b>	T
<b>NAME</b>	JONES, JUANITA
<b>STREET ADDRESS</b>	700 VILLAGES COURT
<b>CITY-ST-ZIP</b>	FRUITLAND PARK, FL 34731
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000557367  
05/17/06-80049-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 (32) 787-2175  
Date Daytime Phone #