2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90333 002 ****70.00

DOCUMENT # N12534

1. Entity Name

SAINT MATTHEW AFRICAN METHODIST EPISCOPAL CHURCH

Principal Place of Business	Mailing Address
880 MELSON AVE JACKSONVILLE FL 32254 US	880 NELSON AVE JACKSONVILLE FL 32254 US

C0031554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	880 Melson Ave Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32254 / Country

4. FEI Number 59-2953631 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOBLEY, LITEL 821 ALLISON ST JACKSONVILLE FL 32254	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JACKSON, GLORIA~~ 2311 QUAIL AVE JACKSONVILLE FL 32218	☒ Delete	Director Darlene Reed 8088 Great Valley Trail Jacksonville, FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOBLEY, LITEL 821 ALLISON ST JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOBLEY, CALVIN 3243 FITZGERALD ST JACKSONVILLE FL 32254	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOCKLEY, GLORIA MRS 7030 ST AUGUSTINE RD JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING MARCIUS REV PO BOX 6351 NA JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gloria R. Lockley SIGNATURE REQUIRED Gloria R. Lockley 3/4/01 904 390-2084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #