# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2004 8:00 am**
**Secretary of State**
04-14-2004 90068 009 ****70.00

DOCUMENT # N12534

1. Entity Name
SAINT MATTHEW AFRICAN METHODIST EPISCOPAL CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 880 MELSON AVE<br>JACKSONVILLE, FL 32254 US | 880 NELSON AVE<br>JACKSONVILLE, FL 32254 US |

04112004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 880 Melson Avenue<br>Suite, Apt. #, etc. |
| City & State | Jacksonville, FL<br>City & State |
| Zip / Country | 32254 / US<br>Zip / 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**

LOCKLEY, GLORIA R
4669 SWILEAN BRIDGE LANE
JACKSONVILLE, FL 32224

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
4669 Swilcan Bridge Lane South

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gloria R. Lockley Gloria R Lockley 4-11-04
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, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REED, DARLENE<br>8088 GREAT VALLEY TRAIL<br>JACKSONVILLE, FL 32244 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Darlene Reed Ricks | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HINSON, HOWARD<br>4358 SAVANNAH AVENUE<br>JACKSONVILLE, FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MOBLEY, CALVIN<br>3243 FITZGERALD ST<br>JACKSONVILLE, FL 32254 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LOCKLEY, GLORIA MRS<br>4669 SWILEAN BRIDGE LANE SOUTH<br>JACKSONVILLE, FL 32224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 4669 Swilcan Bridge Lane South | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KING MARCIUS REV<br>PO BOX 6351 NA<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 Gloria R Lockley 4/11/04 904-390-2218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #