

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N12534	
1. Entity Name SAINT MATTHEW AFRICAN METHODIST EPISCOPAL CHURCH, INC.	



Principal Place of Business 880 MELSON AVE JACKSONVILLE, FL 32254 US	Mailing Address 880 MELSON AVE JACKSONVILLE, FL 32254 US
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01102005 No Chg-NP CR2E037 (10/03)

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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 SWILCAN BRIDGE LANE SOUTH
JACKSONVILLE, FL 32224

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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 2/5/05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED RICKS, DARLENE 8088 GREAT VALLEY TRAIL JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINSON, HOWARD 4358 SAVANNAH AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOBLEY, CALVIN 3243 FITZGERALD ST JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKLEY, GLORIA MRS 4669 SWILCAN BRIDGE LANE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING MARCIUS REV PO BOX 6351 NA JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/05-80046-002 61.25

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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 2/5/05 904-390-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #