2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N12534

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

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

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04012008 No Chg-NP CR2E037 (4/06)

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000881691
04/16/08-80011-001 61.25

10. OFFICERS AND DIRECTORS

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

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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: Gloria R. Lockley 4/1/08 904 655-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #