2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N12534

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

Current Principal Place of Business:

880 MELSON AVE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

880 MELSON AVE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-2953631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOCKLEY, GLORIA R
4669 SWILCAN BRIDGE LANE SOUTH
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REED RICKS, DARLENE
Address: 8088 GREAT VALLEY TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete
Name: HINSON, HOWARD
Address: 4358 SAVANNAH AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD ( ) Delete
Name: MOBLEY, CALVIN
Address: 3243 FITZGERALD ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD ( ) Delete
Name: LOCKLEY, GLORIA MRS
Address: 4669 SWILCAN BRIDGE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: P ( ) Delete
Name: KING MARCIUS REV
Address: PO BOX 6351 NA
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: REED, DARLENE
Address: 8088 GREAT VALLEY TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LOCKLEY, GLORIA
Address: 4669 SWILCAN BRIDGE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA R. LOCKLEY SD 05/06/2009
Electronic Signature of Signing Officer or Director Date