

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12534

FILED
Apr 28, 2011
Secretary of State

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)

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
Name: WESTON, ROBERT
Address: 1151 LEE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP
Name: SAMPSON, RODERICK
Address: 10333 CLAYTON MILL ROAD
City-St-Zip: JACKSONVILLE, FL 32221

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

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

Title: P
Name: DESUE, GARY REV
Address: 880 MELSON AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

I hereby 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 all other like empowered.

SIGNATURE: GLORIA R. LOCKLEY

SD

04/28/2011

Electronic Signature of Signing Officer or Director

Date