

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90049 004 ****70.00

DOCUMENT # N12534

1. Entity Name

**SAINT MATTHEW AFRICAN METHODIST EPISCOPAL CHURCH
, INC.**



Principal Place of Business

**880 NELSON AVE
JACKSONVILLE FL 32254
US**

Mailing Address

**880 NELSON AVE
JACKSONVILLE FL 32254
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2953631**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE *[Signature]*

3/2/03 **908**
390-2214

CP2E037 (10/02)