2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 08:00 AM DOCUMENT # N#0677-**Secretary of State** 1. Entity Name COOPER MEMORIAL A.M.E. CHURCH CORPORATION Principal Place of Business Mailing Address 314 SW 7TH ST. DELRAY BEACH FL 33444 314 SW 7TH ST. DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State 4. FEI Number Applied For City & State 65-0314521 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEMAN, MAZETTA Street Address (P.O. Box Number is Not Acceptable) 206 NE 14TH AVENUE BOYNTON BEACH FL 33435 Zio Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. ☐ Detete TITLE Change | Addition TITLE KENDRICK, TINA NAME NAME 632 SW 17TH CT. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP U000000045852 ☐ Delete 02/11/04-80075-016 61.25 Addition TITLE TITLE COLEMAN, MAZETTA NAME MAME 206 NE 14TH AVE. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33435 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change | COLEMAN, EUGENE NAME NAME 235 NE 11TH AVE. #B STREET ADDRESS STREET ADDRESS BOYNTON BCH. FL 33435 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Daytime Phone #

FILED