


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


DOCUMENT # N40677 1. Entity Name COOPER MEMORIAL A.M.E. CHURCH CORPORATION	
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Principal Place of Business 314 SW 7TH ST. DELRAY BEACH, FL 33444	Mailing Address 314 SW 7TH ST. DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COLEMAN, MAZETTA 206 NE 14TH AVENUE BOYNTON BEACH, FL 33435
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FILED
05 SEP 20 AM 10:55
**SECRETARY OF STATE
TALLAHASSEE, FL 32399**



07262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0314521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

Filing Fee is \$61.25 Due by September 7, 2005	<input type="checkbox"/> 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, TINA 632 SW 17TH CT. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, MAZETTA 206 NE 14TH AVE. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, EUGENE 235 NE 11TH AVE. #B BOYNTON BCH., FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/22/05--01041--023 **70.00

**DO NOT WRITE
IN THIS SPACE**

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: Eugene Coleman **9/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #