

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50616

FILED
Jul 15, 2004
Secretary of State**Entity Name:** FIRST AFRICAN METHODIST EPISCOPAL CHURCH OF PALM COAST, INC.**Current Principal Place of Business:**91 N OLD KINGS RD
PALM COAST, FL 32137 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 353967
PALM COAST, FL 32135 US**New Mailing Address:****FEI Number:** 59-3318076 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLOVER, GILLARD S REV
16 VILLAGE CIRCLE
PALM COAST, FL 32164**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: SD () Delete
Name: MOSLEY, WILLIAM
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: LUCKETT, ROSE
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SMITH, JEANNETTE E
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL

Title: PD () Delete
Name: GLOVER, GILLARD S REV.
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: WILSON, EMMA
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SMITH, JEANNETTE E
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL

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

Title: TT (X) Change () Addition
Name: WILSON, EMMA
Address: ONE FLORIDA PARK DRIVE SOUTH, STE. 109
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. GILLARD S. GLOVER

PD

07/15/2004

Electronic Signature of Signing Officer or Director

Date