

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90019 028 ****61.25

DOCUMENT # N50616

1. Entity Name
**FIRST AFRICAN METHODIST EPISCOPAL CHURCH OF
PALM COAST, INC.**



Principal Place of Business
**91 N OLD KINGS RD N
PALM COAST, FL 32137 US**

Mailing Address
**P O BOX 353967
PALM COAST, FL 32135 US**



01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3318076	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLOVER, GILLARD S REV
5 SAWMILL COURT
PALM COAST, FL 32164**

**DO NOT WRITE
IN THIS SPACE**

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 Rev. Gillard S Glover

1/24/08

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSLEY, WILLIAM 91 OLD KINGS RD N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCKETT, ROSE 91 OLD KINGS RD N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JEANNETTE 91 OLD KINGS RD N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVER, GILLARD S REV. 91 OLD KINGS RD N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WILSON, EMMA 91 OLD KINGS, RD N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rev. Gillard S Glover

GILLARD S. GLOVER

1/28/08

(384)

446-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #