

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# N50616

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

Current Principal Place of Business:

91 N OLD KINGS RD N
PALM COAST, FL 32137 US

New Principal Place of Business:

91 OLD KINGS RD N
PALM COAST, FL 32137 US

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
5 SAWMILL COURT
PALM COAST, FL 32164 US

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: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: LUCKETT, ROSE
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: SMITH, JEANNETTE
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: GLOVER, GILLARD S REV.
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: TT (X) Delete
Name: WILSON, EMMA
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: LUCKETT, ROSE
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: PD (X) Change () Addition
Name: GLOVER, GILLARD S REV.
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: WILSON, EMMA
Address: 91 OLD KINGS RD N
City-St-Zip: PALM COAST, FL 32137

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

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

PD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date