

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50616

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

91 OLD KINGS RD N  
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:**

91 OLD KINGS RD N  
PALM COAST, FL 32137 US

**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  
91 OLD KINGS RD N  
PALM COAST, FL 32137 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  
Name: MOSLEY, WILLIAM  
Address: 91 OLD KINGS RD N  
City-St-Zip: PALM COAST, FL 32137

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GILLARD S. GLOVER

PD

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date