2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N93000000160

Entity Name: AFRO-AMERICAN COUNCIL OF MINISTERS OF FORT PIERCE, INC.

Current Principal Place of Business:

4804 EVERGREEN AVE
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4804 EVERGREEN AVE
FORT PIERCE, FL 34947

New Mailing Address:

P.O.BOX 583
FORT PIERCE, FL 34954

FEI Number: 65-0387907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, HOWARD D
2221 N 41ST STREET
FORT PIERCE, FL 34946 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: P ( ) Delete
Name: COLEMAN, HOWARD D
Address: 2221 N 41ST STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: V ( ) Delete
Name: KITT, WILLIE G
Address: 437 N 18TH STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: S ( ) Delete
Name: EFFEND, TOMMY L
Address: 4804 EVERGREEN AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: JACKSON, SARAH
Address: 1516 SAN DIEGO
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: SULLIVAN, JAMES
Address: P.O. BOX 481
City-St-Zip: FORT PIERCE, FL 34954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TOMMY L. EFFEND S 04/10/2009
Electronic Signature of Signing Officer or Director — Date