

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001529

FILED
Apr 29, 2008
Secretary of State

Entity Name: ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

506 EAST HARRISON STREET
TAMPA, FL 33601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172066
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 53-0204696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY BISHOP
101 EAST UNION STREET
STE. 301
JACKSONVILLE, FL 32202 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: PD () Delete
Name: FAYSON, BRYANT A
Address: 10843 HOFFNER EDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ARMSTRONG, LYNNWOOD
Address: 4006 GOLF VILLAGE LOOP #4
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: SOTOLONGO, VEVE
Address: 1207 EAST 17TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: FOSSITT, EVELYN
Address: 6340 S. RENELLIE COURT
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: LUNDY, BOOKER T
Address: 2104 W BEACH STREET, APT. A
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAYSON, BRYANT A
Address: 10843 HOFFNER EDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: D (X) Change () Addition
Name: ARMSTRONG, LYNNWOOD
Address: 10844 HOFFNER EDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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: BRYANT A. FAYSON

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date