

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005783 (2)

1. Corporation Name
**GREATER SAINT PAUL AFRICAN METHODIST EPISCOPAL C
HURCH INC.**



Principal Place of Business Mailing Address
**315 MARTIN LUTHER KING BLVD
BOYNTON BEACH FL 33425** **P.O. BOX 1419
BOYNTON BEACH FL**

3. Date Incorporated or Qualified
10/14/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCURDY, PETER
5111 ST. JOHN AVENUE SOUTH
BOYNTON BEACH FL 33437**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE C	Chairperson of STEWARD BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Tom Williams
STREET ADDRESS		1.3 STREET ADDRESS	407 N.E. 11 AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S	Financial Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Melouise Akiens
STREET ADDRESS		2.3 STREET ADDRESS	726 N.E. 1st St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T	Church Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Constance Coleman
STREET ADDRESS		3.3 STREET ADDRESS	139 N.W. 13th AV.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE T	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Daniel White
STREET ADDRESS		4.3 STREET ADDRESS	139 N.W. 13th ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mrs. Catharine Hinson
STREET ADDRESS		5.3 STREET ADDRESS	413 N.W. 5th. Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE T	Peter McCurdy Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Peter McCurdy
STREET ADDRESS		6.3 STREET ADDRESS	5111 St. John Ave. South,
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Beach, FL 33437

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter D. McCurdy

2/28/98

CP2E037 (10/97)