


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90009 031 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005783**

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

Principal Place of Business 315 MARTIN LUTHER KING BLVD BOYNTON BEACH FL 33425	Mailing Address P.O. BOX 1419 BOYNTON BEACH FL
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR 65-0638639
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Willie Aikens**

82 Street Address (P.O. Box Number is Not Acceptable)  
**726 NE 1st St.**

83

84 City **Boynton** FL 85 Zip Code **33437**

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: Willie Aikens (NOTE: Registered Agent signature required when reinstating) DATE: 7-6-99

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TOM	
STREET ADDRESS	407 NE 11TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AIKENS, MELOUISE	
STREET ADDRESS	726 NE 1ST ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLEMAN, CONSTANCE	
STREET ADDRESS	139 NW 13TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, DANIEL	
STREET ADDRESS	139 NW 13TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL 3345	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HINSON, CATHERINE	
STREET ADDRESS	413 NW 5TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, PETER	
STREET ADDRESS	5111 ST JOHN AVE S	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sec/ Clerk
2.3 STREET ADDRESS	P. Ann McCurdy
2.4 CITY-ST-ZIP	5111 St. John Ave South Boynton Beach, FL 33437
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Trustee
6.3 STREET ADDRESS	Harcourt Lightbourne
6.4 CITY-ST-ZIP	217 N.E. 10th Ave. Apt. 4 Boynton Beach, FL 33435

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 7-6-99 Daytime Phone #

CR2E037 (5/99)