

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90087 029 ****61.25

DOCUMENT # N97000005783

1. Entity Name

GREATER SAINT PAUL AFRICAN METHODIST EPISCOPAL C

Principal Place of Business

Mailing Address

315 MARTIN LUTHER KING BLVD
 BOYNTON BEACH FL 33425

P.O. BOX 1419
 BOYNTON BEACH FL 33425-1419

602172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0638639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIKENS, WILLIE
726 NE 1ST STREET
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Willie Aikens

1-9-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS ST-ZIP	NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
COB WILLIAMS, TOM 407 NE 11TH AVE BOYNTON BEACH FL 33435								
SC MCCURDY, D A 5111 ST JOHN AVE SOUTH. BOYNTON BEACH FL 33437								
T COLEMAN, CONSTANCE 139 NW 13TH AVE BOYNTON BEACH FL 33435								
T WHITE, DANIEL 139 NW 13TH ST BOYNTON BEACH FL 3345								
T HINSON, CATHERINE 413 NW 5TH AVE BOYNTON BEACH FL 33435								
T LIGHTBOURNE, HARCOURT 717 NE 10TH AVE APT 4 BOYNTON BEACH FL 33435								

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Aikens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2000

737-5638

Date

Daytime Phone #