

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90093 010 ****61.25

DOCUMENT # N97000005783

1. Entity Name
GREATER SAINT PAUL AFRICAN METHODIST EPISCOPAL C

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0638639	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **J. R. MCFADDEN, SR.**
 Street Address (P.O. Box Number is Not Acceptable) **315 MARTIN LUTHER KING BLVD**
 City **BOYNTON BEACH FL 33435**

8. 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 *James R. McFadden Sr.* (Signature, typed or printed name of registered agent and title if applicable.)
 DATE **2/22/01** (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WILLIAMS, TOM 407 NE 11TH AVE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MCCURDY, D A 5111 ST JOHN AVE SOUTH BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, CONSTANCE 139 NW 13TH AVE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, DANIEL 139 NW 13TH ST BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINSON, CATHERINE 413 NW 5TH AVE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIGHTBOURNE, HARCOURT 717 NE 10TH AVE APT 4 BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CLYDE VOCE 315 MARTIN LUTHER KING BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: *Tom Williams* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: **2-22-01**
 DAYTIME PHONE #: **734-5723**

CR2E037 (10/00)