

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 02, 2004  
Secretary of State**

DOCUMENT# N97000005783

Entity Name: GREATER SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH INC.

**Current Principal Place of Business:**

315 MARTIN LUTHER KING BLVD  
BOYNTON BEACH, FL 33425

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1419  
BOYNTON BEACH, FL

**New Mailing Address:**

FEI Number: 65-0638639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, ANTHONY REV  
239 N.E. 9TH AVE.  
BOYNTON BEACH, FL 33435      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: COB      ( ) Delete  
Name: WILLIAMS, TOM  
Address: 407 NE 11TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SC      ( ) Delete  
Name: MCCURDY, P A  
Address: 5111 ST JOHN AVE SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TRUS      ( ) Delete  
Name: VOCE, CLYDE  
Address: 315 MLK BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T      ( ) Delete  
Name: WHITE, DANIEL  
Address: 139 NW 13TH ST  
City-St-Zip: BOYNTON BEACH, FL 3345

Title: T      ( ) Delete  
Name: HINSON, CATHERINE  
Address: 413 NW 5TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T      ( ) Delete  
Name: LIGHTBOURNE, HARCOURT  
Address: 717 NE 10TH AVE APT 4  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: PHARALEE ANN MCCURDY

SC

07/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date