2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005783

FILED Mar 30, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 315 MARTIN LUTHER KING BLVD BOYNTON BEACH, FL 33425 **Current Mailing Address: New Mailing Address:** P.O. BOX 1419 BOYNTON BEACH, FL FEI Number: 65-0638639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REED, ANTHONY REV ELWOOD, ANTON PASTOR 239 N.E. 9TH AVE 3308 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33435 US US BOYNTON BEACH, FL 33426 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: ANTON G. ELWOOD 03/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COB () Delete () Change () Addition WILLIAMS, TOM Name: Name: 407 NE 11TH AVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: SC Title: () Delete () Change () Addition MCCURDY, PA Name: Name: Address: 5111 ST JOHN AVE SOUTH Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: TRUS () Delete Title: () Change () Addition VOCE, CLYDE Name: Name: Address: 315 MLK BLVD Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WHITE, DANIEL Name: Address: 139 NW 13TH ST Address: City-St-Zip: BOYNTON BEACH, FL 3345 City-St-Zip: Title: () Delete Title: () Change () Addition HINSON, CATHERINE Name: Name: 413 NW 5TH AVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition LIGHTBOURNE, HARCOURT ODOM, EVELYN Name: Name: Address: 717 NE 10TH AVE APT 4 Address: 8591 WINNEPESAUKEE WAY BOYNTON BEACH, FL 33435 LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTON G. ELWOOD REV 03/30/2006