

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 08, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELWOOD, ANTON PASTOR
3308 QUANTUM LAKES DRIVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

HUDSON, WILLIAMSON PASTOR
10304 WHITE PINTO CT.
LAKE WORTH, FL 33449 US

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: HUDSON WILLIAMSON

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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: S () Delete
Name: ODOM, EVELYN
Address: 8591 WINNEPESAUKEE WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ODOM, EVELYN
Address: 10304 WHITE PINTO CT.
City-St-Zip: LAKE WORTH, FL 33449

I hereby certify that the information supplied with this filing does not qualify 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: HUDSON WILLIAMSON

SP

01/08/2009

Electronic Signature of Signing Officer or Director

Date