

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007077

FILED
Apr 30, 2004
Secretary of State**Entity Name:** SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH, OF SAFETY HARBOR, INCORPORATED**Current Principal Place of Business:**1385 BUTLER STREET
SAFETY HARBOR, FL 34695**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 545
SAFETY HARBOR, FL 34695**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREEN, EDWARD REV
4328 4TH AVENUE E
BRADENTON, FL 34208 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: T () Delete
Name: BURKES, OLLIE
Address: 670 10TH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: SULLIVAN, SHIRLEY
Address: 1250 SPRUCE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: COLEMAN, MAXINE
Address: 4135 5TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: T () Delete
Name: WRIGHT, RENITA L
Address: 3633 MERIDIAN AVE., #B
City-St-Zip: OLDSMAR, FL 34677

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:

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: RENITA L. WRIGHT

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04/30/2004

Electronic Signature of Signing Officer or Director

Date