

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007077

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH, OF SAFETY HARBOR, INCORPORATED

**Current Principal Place of Business:**

719 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 (X)**

**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: ALSTON, JUANITA  
Address: 1208 BEACHWOOD AVENUE  
City-St-Zip: CLEARWATER, FL 33759

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: 640 TIMBER BAY CIRCLE EAST  
City-St-Zip: OLDSMAR, FL 34677

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

Title: T (X) Change ( ) Addition  
Name: BLALOCK, ROBERT  
Address: 11511 WHISPERING HOLLOW DR.  
City-St-Zip: TAMPA, FL 33635

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

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

Title: T (X) Change ( ) Addition  
Name: JONES, SHARITA M  
Address: 620 10TH AVE. N.  
City-St-Zip: SAFETY HARBOR, FL 34695

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: SHARITA M. JONES

T

04/12/2008

Electronic Signature of Signing Officer or Director

Date